A SURVEY OF ALCOHOL ABUSE EDUCATION IN THE A.M.E. CHURCH WITH IMPLICATIONS FOR PROGRAMMING

AN ABSTRACT

SUBMITTED TO THE FACULTY OF THE SCHOOL OF EDUCATION
ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
DOCTOR OF EDUCATION

BY

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ATLANTA UNIVERSITY
ATLANTA, GEORGIA
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ABSTRACT

The study examined the attitudes of four hundred and fifty lay persons and clergy of the African Methodist Episcopal Church toward alcoholism and programming to address the problem of alcoholism.

The descriptive survey method was used to obtain the data. Most respondents expressed unfavorable opinions toward social drinking which results in intoxication. More than eighty (80) per cent expressed favorable opinions toward church intervention to address the problems associated with alcoholism. Finally, respondents overwhelmingly approved an Alcohol Education Program which consists of five basic components: Information About Alcohol, Physiologic Effects of Alcohol, Mental Health Education, Sociology of Drinking Patterns and Religion and Alcoholism.

Findings of this study indicate that the implementation of an Alcohol Education Program requires the administrator to be cognizant of his or her role as a change agent and an innovator. Because the program will become a part of a traditional institution, the administrator must be knowledgeable of organizational intervention techniques and knowledgeable of how organizations change.

The findings of this study would appear to meet standards suggested by the literature for success in that the membership of the institution involved has indicated an overwhelming interest in and commitment to the success of the program, if it were to be implemented.

A SURVEY OF ALCOHOL ABUSE EDUCATION IN THE A.M.E. CHURCH WITH IMPLICATIONS FOR PROGRAMMING

A DISSERTATION

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Dedication

This study is affectionately dedicated to my son, Hasell David Brown Jr., and my sisters, Miss M. Louise Middleton, Mrs. Adele Weathers, and Mrs. Evelina Sanders for their love, support, encouragement, and inspiration during the preparation of this study.

To Mr. Eddie P. Adams, Mrs. Hattie R. Edwards, and Mr. Isiah Stephens for their prodding, care, interest, and insistence that I maintain a positive determination in completing this study.

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She wishes to thank the other members of her committee, Dr. Olivia Boggs for her generous encouragements and sagacious guidance from the inception of this study to its fruition. Too, to The Reverend Dr. Clayton D. Wilkerson for his professional and spiritual counsel which made the completion of this study possible.

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To each of the above named individuals, "Je vous aime."

-A Special Thanks-

Thanks to the Omnipotent One for providing me with the blessings of health, opportunity, and perseverance to accomplish this goal.

The writer will always be indebted to Bishop Vinton R. Anderson and the Bishops of the African Methodist Episcopal Church for granting her the permission to conduct the study, for validating and administering the questionnaire-opinionnaire. Too, an humble "Thank you" is extended to all of the delegates from across the Church, for being participants in the Study.

A final thanks to Dr. William Stanley for always being there, when spirits were low and when help and motivation were needed....

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CHAPTER I

Introduction

Alcoholism is a disease in which drinking alcohol or alcoholic beverages becomes a habit that injures an individual's mind and body. Once he has begun, the alcoholic cannot stop drinking until he is completely intoxicated. Alcohol acts as a narcotic, or depressant of the nervous system and brain. Continued overuse of alcohol affects many organs in the body and causes nervous and mental diseases. Certain types of mental disorders (delirium tremens, acute alcoholic hallucinations, Karsakoff's psychosis, and alcoholic wet brain) may result. These conditions are all characterized by some form of hallucinations, delirium, coma, or stupor. Alcoholic neuritis may develop when alcohol is used as a substitute for food. Since this is primarily caused by vitamin deficiency, the eating of large amounts of vitamin B is often prescribed. In most cases, the alcoholic is a person who seems unable to face life in a mature way.

Alcoholism represents a serious and growing problem which demands the intervention of parents, as well as doctors, pastors, and other professionals. According to Stephanie Brown, Associate Director of the Alcoholic Clinic at Stanford University Medical

Center, between 30 and 50 per cent of teenagers are confirmed moderate drinkers by the time they reach adulthood.[1] Among adolescents, the onset of alcoholism is extremely rapid. Some young people have become alcoholics within six months of taking their first drink. If untreated, Brown said, the teenager alcoholic is bound to continue his addiction into adulthood.[2]

There are many theories regarding the causes of use and misuse of alcoholic beverage. Although tentative interactive models have been developed, the precise role of the various genetic, physiological, psychological, and sociological factors in the etiology of use and abuse is not known.[3] The literature is replete with studies of drinking practices using demographic, socioeconomic, and ethnic factors as explanatory variables. Globetti[4], Nuttall and Nuttall[5]

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[1]Brown, Stephanie, "Growing Teenage Drinking Problem." USA Today, (February 1980): p. 16.

[2]Ibid.

[3]Alcohol and Health, First Special Report to the United States Department of Health, Education, and Welfare, National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, (December 1971): pp. 61-70.

[4]Globetti, Gerald, "A Comparative Study of White and Negro Teenage Drinking in Two Mississippi Communities," Phylon, pp. 131-138.

[5]Nuttall, Ronald L., and Eva Vasquez Nuttall, "Predicting Alcohol Usage Among Young Puerto Ricans." Prepared for the National Institute on Drug Abuse. (August 1977): Health and Social Studies, Inc., Puerto Rico.

Bacon and Jones[6] Maddox and McCall[7], and Eisenthall and Adin[8], all in their studies primarily explained teenage drinking within this frame of reference. Some of the variables that have been cited as explanation of drinking include subgroup or subcultural membership, low expectations for academic achievement, school failure, social mobility expectation, self concept difficulties, and peer group pressures or influences. Currently, however, there is rather incomplete and often conflicting information on many facets of adolescent alcohol consumption ranging from an understanding of the meaning of alcohol use for the adolescent to those factors that might contribute to alcohol abuse in adulthood.

The study of alcoholism has as its foundation several theoretical approaches. Implicit in these is the suggestion from the Discipline of Psychology which indicated that high discipline, high psychological control, and parental affection tend in general to correlate with low alcohol usage.[9] It has been indicated that

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[6]Bacon, Margaret and James, Mary Brush, Teenage Drinking. New York: Thomas Y. Cromwell, (1968): p. 46.

[7]Maddox, George L. and Bevade C. McCall, Drinking Among Teenagers. New Brunswick, New Jersey: Rodgers Center of Alcohol Studies, (1964): p. 99.

[8]Eisenthal Sherman and Harriet Adin, "Psychological Factors Associated With Drug and Alcoholic Usage Among Neighborhood Youth Corps Enrollees." Developmental Psychology 7.(2) (1972): p. 119.

[9]Gleason, Milgram Gail, "Teenage Drinking Behavior and Alcohol Education in High School Perceived by Selected Reference Groups." Dissertation, Rutgers--The State University, Ed.D., (1969): Education Administration.

alcoholism is based on the psychogenetic theory which credits the disease as being hereditory as well as psychological. Our society today reflects many attitudes toward drinking, many reasons why people do or do not drink, and many factors related to the decision to drink or abstain. It is believed, however, that the decision regarding personal alcohol use is considered and formulated during the adolescent years. This decision is affected by the agencies responsible for educating the members of society on the nature and effects of the use of alcoholic beverages. The Home, Church, and School are the agencies charged with this responsibility.

The African Methodist Episcopal Church is one of the world's body of Communion, whose mission includes not only the educating of young minds for the ministry of the Word, but the development of the whole person. The A.M.E. Church does have a well defined curriculum in the area of Ministerial preparation and Christian Education for all of its members from birth through adulthood. The stated purpose of its educational program is to coordinate activities in the area of social, race, economic relations, temperance, world peace, and community cooperation. Its no wonder then that the A.M.E. Church is replete with laws of social nature. It prohibits each member of its denomination from giving, distilling, drinking, or trafficking alcoholic beverages. The only exception is the "use for medicinal purposes." Although it is officially impossible to remain a member of the A.M.E. Church and use alcohol, it is actually, or in reality, possible to use alcohol and remain a member.

A general consensus among theories found in the literature seem to be of a social nature, that the drinking of alcohol beverages is institutionally and culturally defined as age related.[10] It is evident, however, that numerous variations in attitudes and drinking behaviors do exist among adults, churched, and non-churched and that one learns the values and norms regarding drinking customs from the significant figures within his social environment. Therefore, the theoretic construct adopted as the basis of this study is the Social Nature Theory.

This Church has historically shown great concern for social issues. It was an alarming awakening, then to find that after a careful perusal of the literature, there were mentions of many of the Nation's religious groups and their contributions toward the alleviations of alcoholism and it was most astonishing to find that the A.M.E. Church as a vital part of these religious groups was not included. More specifically, a survey conducted by Calahan and others in ascertaining the drinking habits of the membership of various denominations did not include the members of the A.M.E. Church. Thus, the evolution of the problem.

The problem involved in this study was to ascertain what programs exist in the African Methodist Episcopal Church dealing with alcohol and problems of alcohol with implications for church programming.

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[10]Maddox, George L. and Bevode McCall, "Drinking Among Teenagers: A Sociological Interpretation of Alcohol Use by High School Students" New Brunswick, New Jersey: Publication Division, Rutgers--Center of Alcohol Studies, (1964): p. 25.

Also, this study determined the attitudes of church Lay Persons and Clergy toward consumption of alcohol and problems associated with alcoholism.

Purposes of the Study

Alcoholism disrupts the effectiveness of a religious community, destroys families, contributes to social problems such as child abuse, divorce, separation, family violence, juvenile deliquency, and emotional disturbances for millions. Customarily the church, as a social agency, prescribes to a ministry of liberation and reconciliation; liberation of persons from institutional, ideological, cultural, economics, and social injustices. The A.M.E. Church sees the problem of alcoholism as a social process of dehumanization, a negation of personhood, and a vicious demon that should be completely eradicated. This struggle by the church is not optional, nor is it an addendum to an already crowded agenda. The physical, social, as well as the spiritual development of the members of the A.M.E. Congregations must be the very heart of the life and work of the Church. Therefore, the purpose of this study was to ascertain what actions the African Methodist Episcopal Church is taking and should take through its Christian Education Programs and other forms of intervention to thwart the escalating abuse of alcohol. More specifically the purposes were:

1. To ascertain whether or not there is an organized program dealing with alcoholism.

2. To determine the expressed attitude of the respondents toward Church sponsored educational programs dealing with alcohol.

3. To determine the attitude of the respondents toward alcohol consumption.

Definitions of Terms

The operational definitions of terms used in this study have the following conceptions ascribed to them:

Alcohol: The term alcohol, as will be used in this study, refers specifically to ethyl alcohol, C_2H_5OH.

Alcoholic Beverage: Any beverage containing alcohol.

Drinking: Simply the act of taking in an alcoholic beverage (a glass of beer or wine, a cocktail, a highball, etc...) for other than religious purposes. The term "drinking" does not mean excessive drinking or drunkenness unless so stated.

High: A noticeable effect without going beyond acceptable behavior, e.g., increased gaiety, slight fuzziness about what is going on or drowsiness.

Tight: Some loss of inhibitions, or slurred or mixed up speech, or some slight unsteadiness in ordinary physical activities, or slight nausea.

CHAPTER II

The Review of the Related Literature

In a society in which the use of alcohol is symbolically associated with adult status and in which access to alcohol is both legally and normatively regulated, the onset of drinking should constitute a significant event that both reflects and patterns the courses of human development. Research in the area of the Church and Alcoholism has been extremely limited, and knowledge about factors related to the drinking habits of Prostestants is scarce. The literature as reviewed is presented here under the following ing captions:

A. Definitions of Alcoholism
B. Historical Data on the Consumption of Alcohol
C. The Church and Alcoholism

Definition

Demographic and ecological studies of the pathological aspects of drinking behavior have been handicapped by the lack of an adequate and well-accepted definition of alcoholism. The lack of consensus regarding definitions has been illustrated in a study[11] that investigated social agency and health experts' conceptions of the alcoholic, his disease and its etiology. Three major themes

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[11] Sterne, Muriel, and David J. Pittman. "Concepts of Alcoholism Among Community Agency Personnel," Unpublished paper delivered at the Midwest Sociological Society, St. Louis, MO, April 21-23, 1960.

were used by these experts in their definitions.[12] They view the alcoholic in terms of: the "consequences of drinking" for himself or for others--that is, the social, economic, and physcial effects of indulgence in alcoholic beverages; the nature of his "drinking behavior"--that is, characterizations of frequency, time of day, presence of companions, and amounts ingested; and his "response to alcohol"--that is, the physiological and psychological reactions to the ingestion of alcoholic beverages. These experts, chiefly from psychiatry, social work, nursing, internal medicine, and vocational rehabilitation, seldom stressed all three themes; they were concerned with characterizing the alcoholic in terms of basic economic and social functioning.[13]

Mark Keller[14] grappled with this problem of definition. Finding existing definitions of alcoholism to be inadequate for epidemiological purposes. Keller constructed a definition of practical value. He began by distinguishing between "drunkenness" and "under the influence." Secondly, he felt that alcoholism is a disease caused by excessive drinking. Keller concluded that alcoholism is a chronic disease and that it is etiologically associated either with per-

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[12] Ibid.

[13] Ibid.

[14] Keller, Mark, "Alcoholism: Nature and Extent of the Problem." Annuals, Vol. 315, (1958): pp. 1-11.

sonality deviation or with the pharmacological properties of alcohol and perhaps with both. He concluded with this suggested medical definitions[15]:

> Alcoholism is a psychogenic dependence on or a physiological addiction to ethanol, manifested by the inability of the alcoholic consistently to control either the start of drinking or its termination once started.

Historical Data on the Consumption of Alcohol

The consumption of alcohol concoctions has been indulged in by man for as far back as one can recall. It is probably safe to assume that when man first discovered the pleasures that could be derived from fermentation of fruits he had no idea it would one day mushroom into such a problem as exists today. History shows us that at most festive occasions, as in the Roman Courts, many varieties of beverages, intoxicating to the taste were plentiful and desired during these mirthful periods. Drinking progressed until it became a part of the cultural pattern. With the opportunities of America, the New World, becoming, people in all walks of life, and from every culture, came bringing with them their ways of life and habits. Thus, there have been in America all types of drinking habits which have led to difficulty for any number of people. The habit of drinking has been with us since the discovery and settlement of America. Wine probably dates from the delight with which some of

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[15] Ibid, p. 9.

our unknown ancestors ate fallen, fermented fruit on which yeasts had been living. The discovery of fruit fermentation was made so long ago that the ancient Greeks, who cultivated wine grapes, believed wine had been invented by one of their Gods, Dionyses.[16]

Beer is only slightly less ancient than wine. A Mesopotamian clay tablet, written in Sumerian and Akkadian about 500 years B.C., tells us that brewing had been a well-established profession 1500 years earlier.[17] An Assyrian tablet of 2000 B.C. lists beer among the commodities that Noah took aboard his ark.[18] Egyptians documents dating back to the Fourth Dynasty--about 2500 B.C.--describe the malting of barley and the fermentation of beer. "Kiu" a Chinese rice beverage, was a kind of beer and has been traced back to 2300 B.C. When Columbus landed in Central America, he found that the Indians drank a beer made from corn.[19]

The subject of the excessive use and effect of alcoholic liquors, whether considered from sociological, physiological, or psychiatric points of view, still provides much discussion and wide divergence of opinion. Unfortunately moralistic implications have retarded the development of a scientific understanding and rational

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[16] Our Smallest Servants. "The Story of Fermentation," New York: (1955): p. 4.

[17] Ibid., pp. 4-5.

[18] Ibid., p. 4.

[19] Ibid., p. 5.

management of alcoholism. Perhaps there is no group of persons in greater need of understanding than alcoholic patients. It is estimated that there are about four million persons in the United States in whom drinking has an adverse affect on their lives in one way or another. Also at least 12,000 alcoholic persons die each year from chronic alcoholism. Five out of six alcoholic persons are men between the ages of 30 and 55 -- the most productive years. Alcoholism, therefore, constitutes a major health problem.[20]

Statistics today show that more and more hospital beds are being filled with people who are afflicted with alcoholism. If the programs designed for helping these people are not improved, the figures will continue to mount.

> Yale University scientist estimate that there are 3,750,000 excessive drinkers, out of 60,000,000 consumers of alcoholic beverages, in the United States today, These excessive drinkers fall into four broad groups. First, those apparently "normal" people who are belived to be free of any compulsion to drink, yet who consume more alcoholic beverages than they can handle. The second group of excessive drinkers is composed of the emotionally ill and the mentally unstable. They are sick people to begin with....
>
> The third group is, generally, one of people ranging from subnormal or low intelligence down to the feebleminded. Their excessive drinking is as much a characteristic of their low intelligence as are the many violations of conventions and civilized conduct they commit. In the main they are not capable of doing anything better. "They know now what they do," may well be said of this group. Finally, there are what might be called the true alcoholic, or compulsive drinker.[21]

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[20]Noyles, Arthur P., Modern Clinical Psychiatry. Philadelphia and London, (1954): p. 183.

[21]Hirsh, Joseph, pp. 86-87.

The second and third are abnormal without reference to alcohol at all. Indulgence in alcohol seems to be a manifestation of their underlying sickness. Whenever they come to grips with the law, their problems should be handled not with respect to the alcoholic excesses, but in the light of their basic difficulties. The fourth group, the true alcoholics, are to a great degree, sick people. Many of them want to stop drinking, but are emotionally unable to do so without help from others.

Alcoholism as an Illness

The "problem" drinker is a subject which has been discussed and explored intensively by many people in the medical field in recent years. The general consensus seems to be that problem drinkers are sick people. Many have concluded that these people can be helped but must want to be helped. As we have come to learn, alcoholism is a symptom of an illness and not a disease in itself. It is a symptom of deeper underlying personality difficulties--emotional reactions of varying degrees and types.[22]

Psychiatric studies and findings reveal that alcoholism as an illness has a psychogenic basis. As previously stated, the exact cause of alcoholism is yet unknown. However, psychiatrists agree that psychogenic characteristics are found in all individuals who have become unable to control their excessive drinking of alcohol.[23]

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[22]Seliger, Robert V., Alcoholics are Sick People. Baltimore, (1945).

[23]Ibid., pp. 6-7.

The psychiatrist conceives psychogenic characteristics as those formed in the early emotional development of the infant and the child in the family environment. He assumes that psychogenic reactions are constructs which are as complicated as genetic traits.

The above reference to psychogenic characteristics is often spoken of as the individual's "psychiatric personality" in connection with some definitions of the psychogenic components of personality. The psychiatric personality is defined as a total configuration of reactive tendencies determined by heredity and by prenatal and postnatal conditioning up to the point where cultural patterns are constantly modifying the child's behavior. It may be conceived of as a system of reaction patterns and tendencies to reaction patterns appearing shortly after birth and going into the life pattern of the individual.[24]

The psychogenic traits thus formed tendencies to extroversion or introversion, dominance or submission, optimism or pessimism, emotional independence or dependence, self confidence or lack of confidence in self, and egocentrism or socio-centrism.[25]

Psychogenic traits develop in the interpersonal relations of the family. They arise more or less spontaneously in the social interaction of the child with parents, brothers, and sisters. The

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[24]Sapir, Edward, "Personality", Encyclopedia of the Social Science. New York: (1934): Vol. 12, p. 86.

[25]Burgess, E. W. and H. J. Locke, The Family. New York: (1954): pp. 243-245.

earliest distinctive responses of the child to persons in his social environment may be said to be resultant of: 1) his genetic traits, 2) his parental responses to him, and 3) the special factors in the situation, such as illness.[26]

One finds that the alcoholic very frequently has difficulty in establishing and maintaining mature, constructive, interpersonal relationships. In addition, many psychiatrists believe that alcoholism is a symptom of an unpleasant or frustrating period of infancy undergone by the particular individual involved. Thus, references are made to alcoholism as being symptomatic behavior wherein the individual is attempting to meet some otherwise unmet oral need.[27] Likewise, authorities agree that the individual's excessive use of alcohol is an escape from a reality situation which is too threatening for this individual to face.[28]

The Church and Alcoholism

"You can beat the desire for alcohol, permanently with a method that cures the problem, rather than just controls it: the method is Christian Science." This message was a portion of an advertisement which appeared last December on the page of a large

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[26] Ibid., p. 245.

[27] English, O. Spurgeon, and H. J. Pearson, Emotional Problems of Living. New York: (1945); p. 360.

[28] Ibid., p. 36.

daily newspaper in the Nation's Capital. It's appearance, stated Harrison[29], was significant since it provided a visible example of the open involvement of many churches in the battle against alcohol abuse and alcoholism.

Historically, church involvement in the alcoholism arena has always been high. Conley and Sorenson[30] in 1971 cited the church as being "one of the first American institutions to respond to the problems of alcoholism in society and to express concern for the alcoholic as an individual." Conley and Sorenson stated that:

> Over the last 200 years the church has developed a closer relationship with alcoholics than with almost any other ill or troubled group. Some people see the negative emotional attitude of many Americans toward alcohol consumption as something that has been nurtured by the church. They feel that this attitude is particularly intense in America because of the active role religious groups played in the powerful temperance movement that spearheaded the drive to achieve national prohibition.[31]

Maroti, a paper delivered at the 1974 Congress on Alcohol and Drug problems stated that:

> Others see the abstinence stance of some churches as a factor which has fostered a "moralistic and judgemental" approach toward the alcoholic. While the "wet-dry" question no longer seems to be a major point of contention in most parts of the country, an increasing number of church groups and Clergy are taking cognizance of the

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[29]Harrison, John, "The Church and Alcoholism: A Growing Involvement," Alcohol and Research World. (Summer 1977).

[30]Conley, Paul C., and Andrew A. Sorensen, The Staggering Steeple. Philadelphia: A Pilgrim Press Book, (1971).

[31]Ibid.

> problem of alcoholism both within their own jurisdiction and within the larger communities they serve.[32]

The time has come for churches to move beyond the range of the "sick alcoholic," stated Rev. David A. Works[33], an Episcopal Priest. There are broader aspects of the problem that need to be addressed, he says, like the need to help families of alcoholics. Ninety per cent (90%) of his own ministry is with families of alcoholics, he reported.

Reverend Works further stated that:

> Among other areas that the churches should concern themselves with are; the education of young people regarding the use and abuse of alcohol; the legal control of alcoholic beverages; the need for objective information about alcohol use and abuse; and the need to change people's attitudes toward alcohol abuse and alcoholism.[34]

Bishop James K. Matthews of the United Methodist Church stated that:

> The most obvious resource for the development of church programs is the Clergyman, while the local congregations can provide a ready-made pool of volunteers to operate them.[35]

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[32]Maroti, A. Bela, "The Role of Religion in the Recovery Process." A paper delivered at the North American Congress on Alcohol and Drug Problems, San Francisco, California, December 18, 1974.

[33]Works, Rev. David A., Presidential Report, North Conway Institute, Boston, Mass. National Interfaith Association for Education on Alcohol and Drug Related Problems, (1975).

[34]Ibid.

[35]Matthews, James K., "Church Strategy in Alcohol Problems. Department of Alcohol Problems and Drug Abuse. Board of Christian Social Concerns of the United Methodist Church, (1968).

Statistics on the dimension of alcohol problems in the Nation's religious groups are hard to obtain, but some estimates are available. The 1974 Blue Book[36] estimated that of the approximately 50 million Catholics in the United States, 7 per cent are victims of Alcoholism and/or drug dependence. The 1975 Blue Book estimated that 25 per cent of the total Catholic population is affected by alcohol and drug problems including the families of those addicted.

According to a survey of the drinking habit of the Nation's religious groups by Cahalan et. al.[37], Jews and Episcopalians have the lowest proportions of abstainers of any of the groups, less than 10 per cent each; and members of the more conservative Protestant denomination have relatively few heavy drinkers, 7 per cent. The survey figures also indicate that Catholics have

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[36]The Blue Book, Vol. XXVI. Proceedings of the Twenty-sixth National Clergy Conference on Alcoholism, (1974, 1975, and 1976).

[37]Cahalan, Don, Ira H. Cisin, and Helen M. Crossley, American Drinking Practices. New Brunswick, New Jersey: Rutgers Center for Alcohol Studies, (1969).

above-average proportions of both drinkers, 85 per cent, and heavy drinkers, 19 per cent. Catholic men had the highest proprotion of heavy drinkers among any of the churches surveyed, with a 33 per cent of the total.

The Church Involvement:

While much remains to be done, many national churches, a great many individual churches, and many members of the Clergy are already involved in programs to help victims of alcohol abuse and to prevent others from becoming addicted to alcohol. The 1976 Blue Book[38] gives the following description of some of the programs of involvement as being implemented by a few of the religious groups that are active in the field of alcoholism:

The Salvation Army

Any study of Clergy involvement in alcoholism programs must recognize the efforts of the Salvation Army. "No other agency or institution, religious or secular, can equal the sheer volume of services that the Salvation Army has rendered to alcoholism throughout the world," says Conley and Sorenson in their examination of

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[38]Conley, Paul C., and Andrew A. Sorenson, "Church Involvement in Alcohol Programs." The Blue Book, Vol. XXVI. Proceedings of the Twenty-sixth National Clergy Conference on Alcoholism, (1976).

church involvement in this area of service (1971). Founded in the slums of London in 1865 by a Methodist preacher, William Booth, the movement came to America in 1880, bringing with it its tradition of service for the alcoholic person. Because of its early involvement in the rehabilitation of skid-row individuals through massive public campaigns, the Salvation Army acquired an image among some people as being rather "simplistic" in its approach to the problems of alcoholism. The "mission approach," which viewed sin as the cause of alcoholism and salvation as its solution was marked by an "exclusivistic attitude" in marked contrast with the Army's present multidisciplinary program of treatment and referral, say Conley and Sorensen (1971). They add that the Army's alcohol treatment programs are currently operated "in accordance with the best medical and psychiatric treatment principles."

The Salvation Army's program for alcoholics is carried out through two main service agencies--the Harbor Light Centers and the Men's Social Service Centers. No longer do the Harber Light Centers merely serve the skid-row alcoholic as in the past, says Major Raymond Howell, Men's Social Service Secretary for the Army's Eastern Region. The 12-to-14 Harbor Light Centers throughout the country provide detoxification, counselling, and a temporary home for the recovering alcoholic, where he can live and continue with his employment while making the transition back into society.

The Social Service Centers provide longer term services in the form of inhouse treatment and rehabilitation. The client lives and

works in the Social Service facility, where he receives food, shelter, medical assistance, work therapy, fellowship, and spiritual guidance. Recently the Salvation Army expanded its services to include women alcoholics as well.

While religion plays an important part in the rehabilitative process, acceptance of the Salvation Army's religious creed is not mandatory.

Work therapy is another important element of the program, and may consist of renovating furniture, repairing appliances, and processing and sorting out old clothes donated by the public. The clothes and furniture are then sold through the "thrift stores" which are affiliated with the Salvation Army's rehabilitation centers. Each client is paid a stipend for his work.

The United Methodist Church

The United Methodist Church signifies its interest in the problems of addiction through the operation of its Department of Drug and Alcohol concerns. According to its director, Dolores F. Wright, the department functions as an information, communication, consultation, and coordination center for the denomination and the National Council of Churches. It is also responsible for research and policy development, leadership training and education, and legislative and social action for the Board in the alcohol and drug field.

Among the specific projects sponsored by the department has been the publication of a curriculum guide on alcohol education for

use in church schools by 9th to 12th grade students. Completion of the curriculum requires 16 to 18 sessions or class periods. The New York Conference of the United Methodist Church sponsored publication of the guide, titled "Alcohol and You," with the following objectives in mind; (1) to provide an opportunity for youth to share their experiences in the use of alcoholic beverages; (2) to present information regarding the effects of alcohol on the body and mind; and (3) to explore the guidance offered by Christian theology and Methodist tradition in the use and abuse of alcoholic beverages. While the United Methodist Church encourages abstinence, it cautions abstainers to avoid attitudes of self-righteousness toward church members who use alcoholic beverages.

The Roman Catholic Church

The Roman Catholic Church has long been involved in assisting Lay members, priests, and other religious personnel with drinking problems. The service it provides for alcoholic people derive much of their impetus from the National Clergy Council on Alcoholism and Related Drug Problem (NCCA), which was found in 1979. The NCCA is basically an educational and consultation agency, whose membership is made up of priests, brothers, sisters, and Laity of the Catholic Church in America who are concerned about and involved with the problems of alcoholism and drug dependency among Catholics.

The aims of the association consists of education of Clergy, which is done through an annual conference on alcohol problems; pre-

vention of alcoholism through information dissemination; an educational program, used especially in the seminaries; and cooperation with various organizations in the alcohol field.

Papers and proceedings of the conference are published yearly in the Blue Book, which also includes information on current thinking and treatment in the alcoholism field.

Another Catholic organization, the Calix Society of Minneapolis, provides direct help to members of the church. Calix (Latin for "chalice") was organized in 1947 under the guidance of the late Father Rudolph Nolan of St. Stephen's Church in Minneapolis to help Catholic alcoholics who are maintain their sobriety through participation in Alcoholics Anonymous. The main concern of the society is to help the Catholic member in the "virtue of total abstinence" while promoting his spiritual development.

The Christian Science Church

A non-traditional approach to the treatment of alcoholism is the Christian Science method, which employs "healing by prayer" to control the problem permanently, according to H. Dickerson Rathbun, manager of the church's Committee on Publication in Washington, D.C.

In the Christian Science approach, a "practitioner" uses a form of prayer therapy to "treat" the alcoholic. This treatment may be given either when the patient is present or when there is no direct contact between patient and healer. The practitioner's "reasoned prayer" is based on a spiritual, systematic study of God,

and man's relation to Him as described in the Bible and applied to the healing of disease, sin, and personality disorders. This approach employs the principles outlined by Mary Baker Eddy, the founder of the Christian Science Church, in her book "Science and Health With Key to the Scriptures." While the Christian Scientist approach to treatment is metaphysical, the results it has obtained have won the recognition of many insurance companies, and the Federal government which has approved it as a legitimate deductible medical expense for income tax purposes.

Assemblies of God

Young people with addiction problems are the special target group of Teen Challenge, a program affiliated with the General Council of the Assemblies of God.

"Our primary goal is preaching the gospel and winning people to Jesus Christ," explains Frank M. Reynolds, Teen Challenge representative. "We find many heavily involved with drugs and alcohol in the younger age group," he says. "We seldom find them just doing drugs or just alcohol."

The Teen Challenge Ministry consists of outreach, rehabilitation, training, and assistance with reentry into society. Outreach activities are brought to where youth congregate--in the streets, at the beach, dances, and schools. Coffee houses and drop-in centers are

also maintained and many individuals are contacted through the hot line service run by the program.

A young person who requests help is sent to a local center where he receives housing, food, and clothing. If necessary, he undergoes detoxification and is then enrolled in a program of religious studies, work, and recreation for a period of 2 to 3 months.

At the end of that time, the resident goes to one of three training centers, where in addition to religious instruction, the youth is taught a skill.

The Teen Challenge ministry served 917 residential clients in 1976, according to Mr. Reynolds, in addition to 13,276 young people who came to the centers for counselling and 31,903 who were counselled through the hotline service.

Programs for Clergy

Since alcoholism is an illness which takes its toll among the clergy as well as the Laity, many churches have instituted special rehabilitation services for this group.

A well-known Catholic Clergy program for the treatment of brothers and priests is Guest House, a Lay-operated, nonprofit corporation with two facilities--one in Lake Orion, Michigan, which was opened in May 1965, and the other in Rochester, Minn., which opened its doors in June 1969. The two facilities can serve 58 patients at one time, and about 500 per year, according to Arthur J. Baker, Executive Director.

Over 1,700 men have recovered and returned to their religious functions since inception of the program, Mr. Baker reports, which has a recovery rate of 74 per cent. The program provides treatment, therapy, and rehabilitation, with regular attendance at Alcoholics Anonymous meetings being a vital part of the recovery process. Both facilities make extensive use of physicians, psychiatrists, psychologists, dieticians, physical therapists, and alcoholism counselors.

A program for Episcopal Church Clergy is conducted by the Recovered Alcoholic Clergy Association (RACA) in San Francisco. RACA was begun in 1968 when its present director, the Rev. James T. Golder, wrote an Open Letter to the Church, inviting fellow ministers to communicate with him about the problem of alcoholism among Clergy members. Twenty-two Clergymen responded. Six of these met together for a two-day discussion at which RACA was formed with a three-fold purpose: (1) mutual self-help; (2) fellowship; and (3) pastoral concern for Clergy with a drinking problem. The latter has since been expanded to include members of Clergy families and seminarians.

The acronym RACA ("Fool" in Greek) was chosen because of its biblical connotations. Each man acknowledged that he had been a fool to abuse alcohol; in the future he would be a "fool" for Christ and the Church.

A more recent thrust of the organization has been in the educational field, notes Rev. Golder. Part of this effort is being directed toward the church's present leadership, its Bishops, and diocesan staff personnel. From time to time, RACA sponsors educational con-

ferences for Clergy on the local or diocesan level, and also on the national level for Bishops and other leaders.

Women Religious

A relatively new area of concern is the problem of alcoholism and drug dependency among women religious. Among the 150,000 Roman Catholic women religious, statistics gathered by the National Clergy Council on Alcoholism indicate that 4 per cent are alcoholic and another 4 per cent are considered to be addicted to alcohol and other drugs in combination ("Blue Book" 1976). One program which deals with this problem is The Office of New Directions, sponsored by the Dominican Sisters of Sparkill, N.Y. which opened in September 1967 with Sister Maurice Doody as director.

"The religious women is not immune to the disease of alcoholism," says Sister Maurice. "She is as suceptible as her counterpart in society."

The Office of New Directions conducts education programs for those women religious interested in acquiring a general awareness and understanding of the problem of alcoholism and chemical dependency. The programs cover such topics as identification of the problem, structured intervention and confrontation, treatment, recovery, and aftercare.

It is hoped that as a result of these educational sessions, significant others in the life of a sister with an alcohol problem will be equipped to refer her to the program. The Office of New

Directions offers assistance for the alcoholic and/or chemically dependent sister to begin the change that will interrupt the alcoholism or other dependent pattern.

Clergy Training

To further increase awareness of alcoholism problems among the Clergy, a number of churches are encouraging educational programs on the subject for seminarians. There are presently at least two interdenominational training programs to help future Clergymen participate as caregivers for alcoholic persons. It also seeks to instruct ministers and their assistants in identifying alcoholism and providing basic counselling for alcoholic persons in their congregations and in their communities.

The training includes discussions with professionals in the alcoholism field and tours of local treatment facilities. Among the topics covered by the course are alcoholism and crime; alcoholism and marriage; family therapy; alcoholism and the church; and the drinking patterns of Black Americans. There is a special need to give training to Black Clergy because people in the Black communities are often distrustful of establishment-type agencies and are more likely to seek help from their ministers or some ministers known to them.

Local Programs

Local churches across the Nation, disturbed by the effect of alcohol abuse on their communities, have initiated a variety of programs to combat the problem.

An inner city project in Missouri is an example of this type of effort. Sponsored by the First Baptist Church of St. Louis, and known as the Alcohol Drop-in Center, the project provides assistance to public inebriates from the area, and also has a prevention component for teenagers. According to the church pastor, Dr. Benjamin Carroll, Sr., alcoholism is a very real community problem. "We have been trying very hard to educate the community about the fact that alcoholism is a disease," he says.

Another local program, affiliated with the Episcopal Church, is the Henry Ohlhoff House in San Francisco, a 40-bed facility for men undergoing treatment for alcoholism problems and related disorders.

The program provides treatment for Clergymen and Lay People, and also utilizes the Clergy as part of the counselling staff, says Guy J. Littman, Director and an Episcopal minister. Local parish Clergy supply some of the referrals to the house.

A nonresidential program is also available for alumni of the program, other recovered alcoholics and their families, as well as the families of program participants. Group therapy, family counselling, couples workshops, and other services are offered regularly.

In addition, a training project is available to graduate students on alcoholism group facilitating and the therapeutic community.

Some participants are drawn from the Berkely School of Alcohol Studies of the Graduate Theological Union in Berkely, California.

Another local approach involves a number of Baptist Churches on the Peninsula in Virginia who have consolidated their community alcoholism program efforts to form the Baptist Alcoholic Counselling Services (BACS). BACS, which is sponsored by the 50-church Peninsula Baptist Association provides individual and group counselling services to all persons from three counties on the peninsula.

Referrals to the program come from member churches of the association and other community service agencies. Priscilla Israel, BACS Director, reports that ministers, deacons, and Lay People in the member churches have been alerted through an education program conducted in local churches to be aware of people with possible alcohol problems. The education program consists of a three-part series of meeting covering the subjects of understanding the alcoholic, ministering to the alcoholic, and ministering to the family of the alcoholic. The program is available for church study groups.

Industrial Chaplains

Coincidentally, in the same peninsula area of Virginia, a different type of service is provided to troubled workers, including alcoholics, by the Institute of Industrial and Commercial Ministries, Inc. (ICM) in Newport News. In this program, ministers and dedicated Lay Persons volunteer a minimum of 4 hours, 1 day a week, to go into an industrial or commercial facility to listen to the needs of the

workers; counsel them on a variety of matters, including alcoholism; refer them to sources of help; and serve as concerned caring friends in time of need.

ICM, a nonprofit corporation, was started by the Rev. James M. John, Pastor of Trinity United Methodist Church in Newport News. It is open to ministers of all denominations.

Military Program

In an interdenominational effort of a different nature, the U.S. Navy has recognized that its chaplains fulfill a vital role in providing help to service personnel and their families suffering from the effects of alcohol abuse. The Navy takes the position that its chaplains are in key positions to identify and counsel alcohol abusers and to provide pastoral care to them and to their families.

To help the chaplains meet the needs of alcoholics in the Navy, the Navy Alcoholism Prevention Program (NAPP) has published a booklet describing the chaplain's role in providing this service. Chaplains are encourged to visit NAPP facilities so they can better understand the work that is being done for the alcoholic, and so that referrals to the facility can be made in a smooth way.

The Navy takes the position that its chaplains can make a major contribution to the rehabilitation process by nurturing the spiritual growth essential to recovery. The chaplain's ministry consists of lectures, group discussions, and counselling. He is seen as involved in a "ministry of reconciliation."

Summary of Literature

In a society in which the use of Alcohol is symbolically associated with Adult status and in which access to alcohol is both legally and normatively regulated, the onset of drinking should constitute a significant event that both reflects and patterns the course of human development. Since the three major community resources, Home, Church, and School are ideally and cooperatively responsible for the acceptable patterns of behavior, and since they as a unit should study the effects of any variable that will thwart that development--research in the area of the Church and Alcoholism has been extremely limited, and factors related to the drinking habits of Protestants is scarce. Therefore, the literature as reviewed, is summarized here under the following captions:

A. Definitions of Alcoholism
B. Historical Data on the Consumption of Alcohol
C. The Church and Alcoholism

Definitions of Alcoholism:

Alcoholism is viewed in terms of "the consequences of drinking" for himself or for others--that is, the social, economic, and physical effects of indulgence in alcoholic beverages."

Alcoholism is a chronic disease that is etiologically associated with personality.

Alcoholism is a psychogenic dependence on or a physiological addiction to ethanol, manifested by the inability of the alcoholic consistently to control either the start of drinking or its termination once started.

Historical Data on Consumption of Alcohol:

The consumption of Alcoholic concoctions has been indulged in by man for as far back as one can recall. History tells us that at most festive occasions, as in the Roman Courts, many varieties of beverages, intoxicating to the taste were plentiful.

The habit of drinking has been with us since the discovery and settlement of America. The discovery of fruit fermentation was made so long ago that the Ancient Greeks, who cultivated wine grapes believed wine had been invented by one of their Gods, Dionyses.

Beer is slightly less Ancient than wine. An Assyrian tablet of 2,000 B.C. lists beer among the commodities Noah took aboard his Ark. When Columbus landed in America, he found that the Indians drank a beer made from corn.

Alcoholism as an Illness--Alcoholism is a symptom of an illness and not a disease in itself. It is a symptom of deeper underlying personality difficulties.

Medically speaking, the alcoholic individual is ill. His abnormal use of alcohol with its nervous strains and reactions tend to interfer with the normal process of life and places the whole physical self out of balance.

Psychiatric studies reveal that alcoholism as an illness has a psychogenic basis. The exact cause of alcoholism is yet unknown. Yet, some agree that an individual's excessive use of alcohol is an escape from a reality situation which is too threatening to face.

The Church and Alcoholism

Historically, Church involvement in the alcoholism arena has always been high. Conley and Sorenson in 1971 cited the Church as being "one of the first American institutions to respond to the problems of alcoholism and to express concern for the alcoholic as an individual."

Many national Churches are involved in programs to help victims of alcohol abuse. To wit:

> The Salvation Army--Founded in London in 1865 moved to America in 1880, bringing with it its tradition of service for alcoholic persons. Its program is carried out through two main agencies--The Harbor Light Center and the Men Social Service Centers. These centers provide detoxification, counselling, a temporary home for the recovering alcoholic, inhouse treatment, and rehabilitation.

The United Methodist Church--Signifies its interest in Alcoholism through its Department of Drug and Alcohol Concerns. The department functions as an information, communication, consultation, and coordination center. It is responsible for research and policy development, leadership training and education, and legislative and social action for the Board in the Alcohol and drug field.

The Roman Catholic Church--Assisted Lay members, Priests, Nuns, and other religious personnel with drinking problems. The services it provides through the National Clergy Council on Alcoholism and Related Drugs is basically educational and consultative. The membership is made up of Priests, brothers, sisters, and Laity of the Catholic Church in America.

The Christian Science Church--Employs a non-traditional approach. Its methodology is "healing by prayer." This is a form of prayer therapy to "treat" the alcoholic. This approach is metaphysical.

The review of literature as presented has barely skimmed the involvement of the religious community in seeking relief for people with alcoholic problems. It has been noted that the efforts of the religious community cover a wide range of services, showing concern for people within the total content of their lives. Yet there are large segments of the community who are uninvolved, not because they do not care, but perhaps because they do not realize the magnitude of the problem, or have not crystallized their philosophy regarding this area of the healing ministry. To seek their involvement is a challenge that continues to face the alcoholism constituency.

CHAPTER III

The Data, Study Design, and Methodology

Overview of the Design

The data was obtained by a self-administered, six page questionnaire-opinionnaire. The questionnaire-opinionnaire was administered to Clergymen and Laymen (Persons) attending a selected Conference-Convocation during the month of January 1984. To maximize cooperation, the questionnaire-opinionnaire was designed to be completed in thirty minutes or less. Respondents names did not appear on the questionnaire-opinionnaire to insure complete anonmity.

Questionnaire-Opinionnaire Development to Types of Data Collected

The type of information that can be asked and the length of time required to complete the questionnaire-opinionnaire must be considered in the development of survey instruments for most studies. Consideration of this concern impacted on the development of the instrument used for this study.

The problem inherent in this study indicated the availability of survey instruments suitable for the objectives of this study. Upon careful review of some of the instruments used by Nuttall, Nuttall, and Vazquez in "Predicting Alcohol Usage Among Young Puerto Ricans;" one by Gary Hampe in his study of "Adolescent Drinking in Two Rural Areas of Mississippi;" another by Antonio Estrada in his study of "Alcohol Use Among Hispanic Adolescents" in Gail

Gleason Milgram's study of "Factors Associated with a Favorable Attitude Toward Alcohol Education in Two Mississippi Communities;" and "A National Study of Adolescent Drinking Behavior, Attitudes, and Correlates" by J. V. Rachal, indicated that these questionnaires were too long and would require an administration time in excess of one and a half hours. A careful perusal revealed, however, that there were other items among the questionnaire that systematically addressed some of the objectives of this study. Thus, the instrument was developed which fulfilled the data gathering purposes listed in Chapter I. It was felt that this instrument could be administered in thirty minutes or less.

Types of Data Obtained

The types of data described below was collected through the survey instrument found in Appendix A. For administrative and other reasons, the questionnaire-opinionnaire was not segmented into sections precisely as indicated. Thus, items from a particular data type were interspersed throughout the instrument.

(a) Demographic: This section includes the following types of data: age and religious classification--(Clergy and Lay).

(b) Consequences of Drinking: This section includes the respondent's answers and opinions which cover a variety of possible personal and social outcomes associated with drinking.

(c) Church Programs for Alcohol Education: This section involves the respondent's answers and opinions concerning his involvement with Church Programs dealing with alcoholism.

Selected Population and Sample Design

This study used Lay members and Clergy from the African Methodist Episcopal Church. The African Methodist Episcopal Church extends over thirteen Episcopal Districts including the District of Columbia, the Island of Bermuda, Africa, the Bahamas Islands, Canada, and forty-eight states in Continental United States. Each Episcopal District is superintended by a Bishop.

From the above population, a judgement sample of five hundred persons was selected. Since each Episcopal District was represented by ministerial and Lay Persons and since these persons were in attendance at a particular Conference-Convocation as delegates, it was felt that they were legally representative of the entire African Methodist Episcopal Church. Therefore, this study used only the aboved mentioned Lay members and Clergy Persons.

The above sample of Clergy Persons and Lay Persons became the subjects used in this study. Their responses were treated as a unit and not according to age, sex, or church classification, thereby guaranteeing their complete anonymity.

The Treatment of the Data

In all of the data extracted from the returned questionnaire-opinionnaires, every effort was made to conceal individual identities. It is in this respect that the anonymity of the respondents was safe-guarded. This was necessary due to the nature and content of the

material; and to obtain unrestricted, frank, and honest opinions. Responses to the questionnaire-opinionnaire items were tallied and converted to percentages for reporting purposes.

Chapter IV

Presentation, Analysis, and Interpretation of Data

Introduction: The purpose of this chapter is to present the findings from this study of Church sponsored Alcohol Education Programming. The data presented were derived from a questionnaire-opinionnaire responded to by four hundred-fifty delegates attending a Conference-Convocation of the African Methodist Episcopal Church. These delegates were selected because in the judgement of the researcher, they represented the entire membership of that Church.

The questionnaire-opinionnaire was made up of sixty nine items consisting of questions and statements relative to alcohol abuse and alcohol abuse education.

The presentation of the data including interpretative discussion and tabular presentations pertaining thereto, are organized under the following headings. To wit:

I. Demographic: This section includes four (4) tables and data despicting age, sex, and religious classification.

II. Drinking and Consequences of Drinking: This section includes four (4) tables and data revealing the attitudes of the respondents toward Alcohol consumption and patterns of alcohol consumption.

III. Programs in the Church: This section includes three (3) tables and data revealing the respondents knowledge of whether or not the African Methodist Church has a program (Connectional)

dealing with Alcoholism. Too, it also includes the respondents attitudes concern Church programs dealing with alcohol and alcohol education. It also includes the respondents opinions as to persons they feel should be responsible for administering such a program if needed.

IV. Future Church Action toward Alcohol Education: This section includes six (6) tables and data revealing the respondents opinions concerning goals and objectives of Alcohol Education in the Church. These data are presented under the following captions. To wit;

A. Information About Physiology--Effects of Alcohol on the human body.

B. Information about Alcohol.

C. Mental Health Education.

D. Sociology of Drinking Patterns.

E. Religion and Alcoholism.

I. Demography

Respondents
Table I

Total Sample Response

	Number	Per Cent
Number Surveyed	500	100
Number Incomplete	50	10
Number Complete	450	90

The data in Table I reveal that of the five hundred questionnaire-opinionnaires administered, only four hundred fifty were used. Fifty were discarded because they were either incomplete or some had multiple ratings on given items which made the instrument unsuitable for computative purposes. Four hundred fifty (450) or ninety per cent (90%) returned complete questionnaire-opinionnaires thus became the basis for the data and interpretations to follow.

Table II

Distribution of Respondents by Church Classification (Laymen/Clergy)

Classification	Number	Per Cent
Clergy	240	53.3
Laymen	210	46.7
TOTALS	450	100.0

The data in Table II indicate that of the four hundred fifty (450) respondents, two hundred forty (240) or fifty three and three tenths per cent (53.3%) were Clergy; and two hundred ten (210) or

forty six and seven tenths per cent (46.7%) were Laymen. The above information is representative of the entire Church as far as Layperson and Clergy are concerned. The Clergy as listed above is inclusive of all local Ministers, Presiding Elders, and Bishops, in attendance. For complete anonymity, they were asked to only check "Clergy." Thus there were more than fifty per cent Clergy.

Table III

Distribution of Respondents According to Age and Sex (Clergy)

Age	Number of Male	Per Cent	Number of Female	Per Cent	Total	Per Cent
18-30	9	3.75	0		9	3.75
31-41	69	28.75	3	1.25	72	30.00
42-51	57	23.75	12	5.00	69	28.75
52-61	45	18.75	9	3.75	54	22.50
62-Up	33	13.75	3	1.25	36	15.0
TOTAL	213	88.75	27	11.25	240	100.0

According to the data in Table III, of the two hundred forty (240) Clergymen (persons) there were two hundred thirteen (213) or eighty eight and seventy five hundreth per cent (88.75%) male; and twenty seven (27) or eleven and twenty five hundreth per cent (11.25%) were female, with ages ranging from eighteen (18) to sixty two and above (62-Up).

In the eighteen to thirty (18-30) age range, nine (9) or three and seventy five hundreth per cent (3.75%) were male. There were no female in that range. In the thirty one to forty one (31-41) age range there were sixty nine (69) or twenty eight and seventy five hundreth per cent (28.75%) male; and only three (3) or one and twenty five hundreth per cent (1.25%) female. Of the sixty nine (69) Clergy Persons in ages ranging from forty two to fifty one (42-51), fifty seven (57) or twenty three and seventy five hundreth per cent (23.75%) were male; and twelve (12) or five per cent (5%) were female. Of the fifty four (54) with ages ranging from fifty two to sixty one (52-61), forty five (45) or eighteen and seventy five hundreth per cent (18.75%) were male; and nine (9) or three seventy five hundreth per cent (3.75%) were female. Of the thirty six (36) with ages ranging from sixty to and above (62-Up), thirty three (33) or thirteen and seventy five hundreth (13.75%) were male and three (3) or one and twenty five hundreth per cent (1.25%) were female.

The data also revealed that of the Clergy Persons responding, the largest group was in the thirty one to forty one (31-41) age range; with seventy two (72) or thirty per cent (30%) of the two hundred forty (240) Clergy respondents.

Table IV

Distribution According to Age and Sex
(Laymen)

Age	Number of Male	Per Cent	Number of Female	Per Cent	Total	Per Cent
18-30	6	2.85	15	7.14	21	10.0
31-41	6	2.85	9	4.28	15	7.14
42-51	18	8.57	30	14.28	48	22.85
52-61	27	12.85	51	24.28	78	37.14
62-Up	27	12.85	21	10.0	48	22.85
TOTAL	84	40.0	126	60.0	210	100.0

Of the two hundred ten (210) Lay respondents listed in Table IV, eighty four (84) or forty per cent (40%) were male; and one hundred twenty six (126) or sixty per cent (60%) were female with ages ranging from eighteen to sixty two and above (18-62 and Up).

Of the twenty one (21) Lay Persons in the age range eighteen to thirty (18-30), six (6) or two and eighty five hundreth per cent (2.85%) were male and fifteen (15) or seven and fourteen hundreth per cent (7.14%) were female. In the age range of thirty one to forty one (31-41), six (6) or two and eighty five hundreth per cent (2.85%) were male; and nine (9) or four and twenty eight hundreth per cent (4.28%) were female. In the age range from forty two to fifty one (42-51), eighteen (18) or eight and fifty seven hundreth per cent (8.57%) were male and thirty (30) or fourteen and twenty eight hundreth per cent (14.28%) were female. Of the seventy eight (78) Lay Persons with ages ranging from fifty two to sixty one

(52-61), twenty seven (27) or twelve and eighty five hundreth per cent (12.88%) were male and fifty one (51) or twenty four and twenty eight hundreth per cent (24.28%) were female. Of the forty eight (48) ranging in ages from sixty two and above (62-Up), twenty seven (27) or twelve and eighty five hundreth per cent (12.85%) were male and twenty one (21) or ten per cent (10%) were female.

Of the two hundred ten (210) Lay Persons responding, the largest group was in the fifty two to sixty one (52-61) age range with seventy eight (78) or thirty seven and fourteen hundreth per cent (37.14%).

The respondents were both male and female Clergy and Lay Persons of the five hundred (500) persons having had the questionnaire-opinionnaire administered to them who became the sample of this study.

Demographically then, there were four hundred fifty (450) respondents, of which two hundred forty (240) were Clergy Persons, and two hundred ten (210) Lay Persons. They ranged in ages from eighteen to above sixty two (18-62 and Up).

Of the four hundred fifty (450) respondents, two hundred ninety seven (297) or sixty six per cent (66%) were male and one hundred fifty three (153) or thirty four per cent (34%) were female. Of the one hundred fifty three (153) females responding, twenty seven (27) or seventeen and sixty four hundreth per cent (17.64%) were Clergy Persons and one hundred twenty six (126) or eighty two

and thirty five hundreth per cent (82.35%) were Lay Persons. Of the two hundred ninety seven (297) male respondents, two hundred thirteen (213) or seventy one and seventy two hundreth per cent (71.72%) were Clergy and eighty four (84) or twenty eight and twenty eight hundreth per cent (28.28%) were Laymen.

The respondents age ranged from eighteen to above sixty two (18-62 and Up), with the largest group of males, (75) in the age ranges of forty two to fifty one (42-51); and each of that thirty one to forty one (31-41) age range; the largest group of females, (60), in the age range of fifty two to sixty one (52-61). However, a combined total of Lay Persons and Clergy, male and female, result in the largest group, one hundred thirty two (132) being in the age range from fifty two to sixty one (52-61).

The following tables will not be segmented according to church position, sex, nor age. In order to fulfill the purposes inherent in this study, the population was dealt with as a unit and the attitudes of the respondents concerning the various headings listed are computed as a unit. They are presented in Tables V-XII.

II. Drinking and Consequences of Drinking

The data in the four tables to follow reveal the respondents opinions toward alcohol consumption, and patterns of alcohol consumption. Table five (V), six (VI), seven (VII) and eight (VIII) are constructed from items one through fifteen found

in the questionnaire-opinionnaire. These items are organized under four captions. To wit:

1. Attitude Toward Social Drinking
2. Attitude Toward Health and Alcoholism
3. Attitude Toward Church Intervention
4. Attitude Toward Concerning Patterns of Drinking

Social Drinking: In examining the opinions of the respondents toward social drinking, a set of statements were intersperred throughout the first section of the questionnaire-opinionnaire. The respondents were asked to designate the degree of their agreement and/or disagreement toward each statement with social drinking. Of the five statements in Table V (See Table V on page 48), the respondents felt strongly and very strongly that "A person who gets 'tight' or 'drunk' is just asking for trouble." One hundred forty four (144) or thirty two per cent (32%) agreed very strongly and two hundred nineteen (219) or forty eight and sixty six hundreth per cent (48.66%) agreed with the above statement. Thus, three hundred sixty three (363) or eighty and sixty six hundreth per cent (80.66%) overwhelmingly agreed with the statement. Seventy five (75) or sixteen and sixty six hundreth per cent (16.66%) disagreed. To the other statement, "The right to experiment with alcohol and related drugs involves the consequences of those experiments"--again the respondents, ninety (90) or twenty per cent (20%) strongly agreed and two hundred one (201) or forty-four and sixty six hundreth per cent (44.66%) agreed. Actually two hundred ninety one

Table V

Attitudes Toward Social Drinking

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. It is alright for a person to get "tight" or "drunk" as long as he is in his own home.	(N)	12	81	153	198	6
	(%)	2.6	18.0	33.9	44.0	1.3
2. A person who gets "tight" or "drunk" is just asking for trouble.	(N)	144	219	18	57	12
	(%)	32.0	48.66	4.0	12.66	2.66
3. Getting "tight" at a party is just harmless fun.	(N)	27	30	153	228	12
	(%)	6.0	6.66	33.9	50.66	2.66
4. It is alright to get "tight" once in a while as long as it does not become a habit	(N)	21	69	141	207	12
	(%)	4.66	15.33	31.33	46.0	2.66
5. The right to experiment with alcohol and related drugs involves the consequences of those experiments.	(N)	90	201	54	75	30
	(%)	20.0	44.66	12.0	16.66	3.66

(291) or sixty four and sixty six hundreth per cent (64.66%) agreed. To the statement "It is alright for a person to get 'tight" or 'drunk' as long as he is in his own home," the respondents disagreed. A total of three hundred fifty one (351) or seventy eight per cent (78%) disagreed. Out of the above number, one hundred fifty three (153) or thirty three and nine tenths per cent (33.9%) strongly disagreed. Only ninety three (93) or twenty and sixty six hundreth per cent (20.60%) agreed. To the statement "Getting 'tight' at a party is just harmless fun," three hundred eighty one (381) or eighty four and sixty six hundreth per cent (84.66%) disagreed. Only fifty seven (57) or twelve and sixty six hundreth per cent (12.66%) felt that it was alright. To the statement, "It's alright to get 'tight' once in a while as long as it does not become a habit," three hundred forty eight (348) or seventy seven and thirty three hundreth per cent (77.33%) disagreed. Only ninety (90) or twenty per cent (20%) agreed.

Of the information above, the respondents expressed unfavorable opinions toward social drinking that results in a person becoming "tight."

According to the responses, they felt:

1. A person should not get "tight", not even in his own home.
2. A person who gets "tight" is asking for trouble.
3. A person who gets "tight" at a party may have a harmful (distasteful) experience.

4. Anyone who experiments with alcohol and drugs risks the consequences of those experiments.

5. One should not get "tight" and it will not become a habit.

An examination of the data in Table VI (See Table VI on page 51), reveals that more than fifty per cent (50%) of the respondents agreed with each of the above statements except one. Two hundred forty three (243) or fifty four per cent (54%) felt that a "Moderate use of alcohol was not harmful to a person's physical health," while one hundred fifty (150) or thirty three and thirty three hundreth per cent (33.33%) felt that moderate use of alcohol is physically harmful. Two hundred seventy three (273) or sixty and sixty six hundreth per cent (60.66%) of the respondents indicated that "All adults whose jobs and responsibilities are with young people should be abstainers." There were one hundred twenty nine (129) or twenty eight and sixty six hundreth per cent (28.66%) who felt differently. Two hundred forty (240) or fifty three and thirty three hundreth per cent (53.33%) of the respondents agreed that "If Adults stopped using alcohol, adolescents would no longer view it as desirable," while one hundred thirty eight (138) or thirty and sixty six hundreth per cent (36.66%) disagreed. One hundred seventy one (171), or thirty eight per cent (38%) agreed that "Total abstinence is the only way to life." However, two hundred forty nine (249) or fifty five and thirty three hundreth (55.33%) disagreed with fifty seven (57) or twelve and sixty six hundreth per cent (12.66%) strong-

Table VI

Attitudes Toward the Effects of Alcohol

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. Moderate use of alcohol is not harmful to a person's physical health.	(N)	27	216	63	87	57
	(%)	6.0	48.0	14.0	19.3	12.6
2. All adults whose jobs and responsibilities are with young people should be abstainers.	(N)	69	204	30	99	48
	(%)	15.3	45.3	6.6	22.0	10.6
3. If adults stopped using alcohol, adolescents would no longer view it so desirable.	(N)	78	162	30	108	72
	(%)	17.3	36.0	6.6	24.0	16.0
4. Total abstinence is the only way to live.	(N)	48	123	57	192	30
	(%)	10.66	27.33	12.66	42.66	6.66
5. Excessive drinking can cause only misery in the long run.	(N)	255	171	9	12	3
	(%)	56.66	38.0	2.0	2.66	0.66

ly disagreeing. Four hundred twenty six (426) or ninety four and sixty six hundreth per cent (94.66%) agreed that "excessive drinking can cause only misery in the long run." Two hundred fifty five (255) or fifty six and sixty six hundreth per cent (56.66%) strongly agreed. Only twenty one (21) or four and sixty six hundreth per cent disagreed.

The data also indicated that there were a total of two hundred ten (210) ratings of "undecided", ranging from a high of seventy two (72) or sixteen per cent (16%) on statement three to a low of three (3) or sixty six hundreth per cent (.66) on item 5.

The data indicates that the majority of the respondents feel that "Moderate use of alcohol is not physically harmful nor is total abstinence the only way to life." However, it is indicated that excessive drinking can cause misery in the long run. The respondents indicated also that adults working with young people should be role models, for if adults stop using alcohol, adolescents would no longer view it as desirable.

There are four statements in Table VII (See Table VII on page 53) designed to ascertain the respondents opinions about Church involvement and/or intervention in alcohol education. Three statements were overwhelmingly agreed to by the respondents. One hundred thirty five (135) or thirty per cent (30%) strongly agreed that "An Alcohol Education Program in the Church would help overcome problems of drinking." Two hundred sixty one (261) or fifty eight per cent

Table VII

Attitudes Toward Church Intervention

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. An effective Alcohol Education Program in the Church would help overcome problems of drinking.	(N)	135	261	3	30	21
	(%)	30.0	58.0	0.66	6.66	4.66
2. Religious training will help prevent problems resulting from alcohol.	(N)	114	240	27	60	9
	(%)	25.3	53.3	6.0	13.3	2.0
3. The churches are the place to teach adolescents the proper attitudes about drinking.	(N)	117	243	12	45	33
	(%)	26.0	54.0	2.6	10.0	7.3
4. Problems relating to alcohol are apparent only when a person lacks adequate training in moral values.	(N)	42	105	126	162	15
	(%)	9.3	23.3	28.0	36.0	3.3

(58%) agreed; totaling three hundred ninety six (396) or eighty eight per cent (88%) of the respondents favoring an Alcohol Education Program in the church. The data also reveal that there were one hundred fourteen (114) or twenty five and three tenths per cent (25.3%) of the respondents strongly agreeing and two hundred forty (240) or fifty three and three tenths per cent agreeing that "Religious training will help prevent problems resulting from alcohol." There were a total of eighty seven (87) or nineteen and three tenths per cent (19.3%) of the respondents who disagreed with the statement. There were a total of three hundred sixty (360) or eighty per cent (80%) of the respondents believing that "Churches are the place to teach adolescents the proper attitudes about drinking," while fifty seven (57) or twelve and six tenths per cent (12.6%) disagreed. To the statement, "Problems relating to alcohol are apparent only when a person lacks adequate training in moral value," only a total of one hundred forty seven (147) or thirty two and six tenths per cent (32.6%) agreed. Whereas, two hundred eighty eight (288) or sixty four per cent (64%) disagreed and strongly disagreed.

Therefore, eighty one per cent (81%) of the respondents strongly agreed and agreed that an effective Alcohol Education Program in the church would help overcome problems of drinking. Too, religious training will prevent problems resulting from alcohol and churches are the place to teach proper attitudes about drinking.

Table VIII--Attitudes Toward Patterns of Drinking

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. At parties or social gatherings.	(N)	21	252	69	84	24
	(%)	4.66	56.0	15.33	18.66	5.33
2. At home on special occasions.	(N)	15	318	54	48	15
	(%)	3.33	70.66	12.0	10.66	3.33
3. At home or friend's home on holidays	(N)	108	188	57	69	36
	(%)	24.0	40.0	12.66	15.33	8.0
4. At dinner at home with the family.	(N)	15	243	75	87	30
	(%)	3.33	54.0	16.66	19.33	6.66
5. At a night club, disco, or restaurant.	(N)	9	201	36	177	27
	(%)	2.0	44.66	8.0	39.33	6.0
6. At breakfast	(N)	3	27	165	234	21
	(%)	0.66	6.0	36.66	52.0	4.66
7. During lunch.	(N)	3	63	117	240	27
	(%)	0.66	14.0	26.0	53.33	6.0
8. Alone when no one else is around.	(N)	9	123	144	147	27
	(%)	2.0	27.33	32.0	32.66	6.0
9. To relieve stress or tension.	(N)	3	69	171	186	21
	(%)	0.66	15.33	38.0	41.33	4.66
10. At fraternity or sorority functions.	(N)	12	189	123	81	45
	(%)	2.66	42.0	27.33	18.0	10.0
11. When depressed and/or frustrated.	(N)	3	51	201	183	12
	(%)	0.66	11.33	44.66	40.66	2.66

The data in Table VIII (Shown on page 55), comprises eleven statements dealing with the patterns of alcohol consumption. Of the eleven statements, six (6), seven (7), eight (8), nine (9), and eleven (11) may be considered areas of problem drinking. Whereas statements one (1), two (2), three (3), four (4), five (5) and ten (10) are considered areas of social drinking.

Social Drinking: The opinions of the respondents toward patterns of social drinking as indicated in Table VIII were quite revealing. When asked to select whether they agreed or disagreed that it's permissable to drink in each of the above settings, twenty one (21) or four and sixty six hundreth per cent (4.66%) strongly agreed and two hundred fifty two (252) or fifty six per cent (56%) agreed. One hundred fifty three (153) or thirty three and ninety nine hundreth per cent (33.99%) disagreed. To the statement, "It's permissable to drink at parties or social gatherings," three hundred eighteen (318) or seventy and sixty six hundreth per cent (70.66%) agreed; fifteen (15) or three and thirty three hundreth per cent (3.33%) strongly agreed, with fifty four (54) or twelve per cent (12%) strongly disagreeing and forty eight (48) or ten and sixty six hundreth per cent (10.66%) disagreeing to the permissiveness of "Drinking at home on special occassions." "Is it permissable to drink at home or friend's home on holidays;" this statement had one hundred eight (108) or twenty four per cent (24%) to strongly agree; one hundred eighty (180) or forty per cent (40%)

agreed, fifty seven (57) or twelve and sixty six hundreth per cent (12.66%) strongly disagreed and sixty nine (69) or fifteen and thirty three hundreth per cent (15.33%) disagreed. The data further indicated that fifteen (15) or three and thirty three hundreth per cent (3.33%) strongly agreed, two hundred forty three (243) of fifty four per cent (54%) agreed. Seventy five (75) or sixteen and sixty six hundreth per cent (16.66%) strongly disagreed and eighty seven (87) or nineteen and thirty three hundreth per cent (19.33%) disagreed that its permissible to "Drink at dinner at home with the family." "It is permissable to drink at a night club, disco, or restaurant?" To this statement, thirty six (36) or eight per cent (8%) strongly disagreed, one hundred seventy seven (177) or thirty nine and thirty three hundreth per cent (39.33%) disagreed, while nine (9) or two per cent (2%) strongly agreed and two hundred one (201) or forty four and sixty six hundreth per cent (44.66%) agreed. To the statement, "It is permissable to drink at fraternity or sorority functions," one hundred twenty three (123) or twenty seven and thirty three hundreth per cent (27.33%) strongly disagreed, eighty one (81) or eighteen per cent (18%) disagreed, twelve (12) or two and sixty six hundreth per cent (2.66%) strongly agreed and one hundred eighty nine (189) or forty two per cent (42%) agreed.

For those five statements designated as patterns of consumption which are indicative of "problem drinking" such as "Drinking at breakfast" and "Drinking during lunch," the respondents overwhelmingly disagreed with three hundred ninety nine (399) or eighty eight and sixty six hundreth per cent (88.66%) and three hundred fifty seven (357) or seventy nine and thirty three hundreth per cent (79.33%) respectively. To the statements concerned with "Drinking alone", "Drinking to relieve stress or tension," drinking when depressed or frustrated," again the respondents disagreed with two hundred ninety one (291) or sixty four and sixty six hundreth per cent (64.66%) three hundred fifty seven (357) or seventy nine and thirty three hundreth per cent (79.33%); three hundreth eighty four (384) or eighty five and three tenths per cent (85.3%) respectively.

"Drinking at breakfast," "during lunch," "alone", "to relieve stress or tension," or "when depressed or frustrated," are all situations without social constraints. Each is recognized to presage problem drinking. Thus, according to the literature the above situation also produce negative consequences to the consumers. It was gratifying to note that the respondents with more than fifty per cent (50%) indicated a disagreement toward drinking in the above situation.

III. Programs in the Church

To elicit responses to ascertain whether or not the African Methodist Episcopal Church had an organized program dealing with alcoholism, and to determine the attitudes of the respondents toward church programs dealing with alcoholism, respondents were asked to designate a "yes" or "no" answer to questions found in Table XI and to select choices of answers to questions in Tables X and XI.

The data in Table XI (See Table XI on page 60) indicate the respondents answers to whether or not his church has a program dealing with alcoholism and his beliefs and his church's attitude (law) dealing with alcoholism.

"Does your church have films, discussion groups, or other programs to teach its members about alcohol and drinking?" To this question, eighty seven (87) or nineteen and thirty three hundreth per cent (19.33%) said "yes", while three hundred sixty three (363) or eighty and sixty six hundreth per cent (80.66%) said "no." To the question, "Does your church have a program curriculum dealing with alcohol and drugs?", thirty six (36) or eight per cent (8%) said "yes" and four hundred fourteen (414) or ninety two per cent (92%) said "no." To the question, "would you approve of your church initiating a program to combat alcoholism?", four hundred forty seven (447) or ninety nine and thirty three hundreth per cent (99.33%) said "yes", while only three (3) or sixty six hundreth per cent (0.66%) said "no."

Table IX

Programs and Alcohol Consumption in the Church

			YES	NO	TOTAL
1.	Does your church have films, discussion groups, or other programs to teach its members about alcohol and drinking?	(N)	87	363	450
		(%)	13.33	80.66	99.99
2.	Would you approve of your church initiating a program to combat alcoholism?	(N)	447	3	450
		(%)	99.33	0.66	99.99
3.	Does your church have a Program Curriculum dealing with Alcohol and Drugs?	(N)	36	414	450
		(%)	8.0	92.0	100.0
4.	It is officially possible to use Alcohol and remain a member of good standing in your church?	(N)	189	261	450
		(%)	42.0	58.0	99.99
5.	It is actually or in reality possible to use alcohol and remain a member of good standing in your church?	(N)	354	96	450
		(%)	78.66	21.33	99.99
6.	Do you think your church should change its position concerning alcohol?	(N)	189	261	450
		(%)	42.0	58.0	100.0
7.	Do you believe or have you ever believed that God would be displeased with you if you drink?	(N)	204	246	450
		(%)	45.33	54.66	99.99

Question four (4), five (5), six (6), and seven (7) were designed to ascertain or elicit the respondents knowledge of or opinion of his church's attitude toward alcohol and the uses of alcohol. One hundred eighty nine (189) or forty two per cent (42%) of the respondents stated that "It was officially possible to use alcohol and remain a member of good standing in their church", while two hundred sixty one (261) or fifty eight per cent (58%) felt that "Officially, one can not use alcohol and remain a member of good standing in the church." To the question, "Is it actually or in reality possible to use alcohol and remain a member in good standing in your church.", three hundred fifty four (354) or seventy eight and sixty six hundreth per cent (78.66%) said "yes" while ninety six (96) or twenty one and thirty three hundreth per cent (21.33%) said "no." To the question, "Do you think your church should change its position concerning alcohol?", one hundred eighty nine (189) or forty two per cent (42%) of the respondents said "yes" while two hundred sixty one (261) or fifty eight per cent (58%) said "no." To the question, "Do you believe or have you ever believed that God would be displeased with you if you drink?", two hundred four (204) or forty five and thirty three hundreth per cent (45.33%) said "yes" and two hundred forty six (246) or fifty four and sixty six hundreth per cent (54.66%) said "no."

The most salient features of the data in Table XI indicate that less than twenty per cent of the churches in the A.M.E. Connection have discussions, films, or programs to teach its members about

alcohol and drinking. Only eight per cent (8%) have a program curriculum dealing with alcohol and ninety nine and thirty three hundreth per cent (99.33%) would approve of the church initiating a program to combat alcoholism.

Too, a majority of the respondents indicated that it is not officially possible to use alcohol and remain a member of good standing in the church, but it is actually or in reality possible to use alcohol and remain a member in good standing in the A.M.E. Church.

Table X

Directions for Programming

	Number	Per Cent
In what direction should your church change its position concerning alcohol?		
a. More liberal	42	12.06
b. More Conservative	306	87.93

Directions for Programming: Out of the four hundred fifty (450) respondents, forty two per cent (42%) indicated that the Church should change its position concerning alcohol. When asked, "what directions should the A.M.E. Church change its position concerning alcohol: should the church be more liberal (lenient) or more conservative (strict)"--the respondents overwhelmingly indicated they

would like the church to be more conservative (strict) in its position concerning alcohol.

The A.M.E. Church in its 1980 Book of Discipline, page 223, clearly states that "No member of our society shall give, distill, drink or traffic in spiritous liquors; he shall not rent, lease, or rent his house or other property to be used for such purposes." Therefore, a majority confirmed their knowledge of the above rule. However, forty two per cent (42%) apparently, were unaware of that rule for they checked "It is officially possible to use alcohol and remain a member of good standing in the A.M.E. Church."

The data in Table XI and XII were weighted to ascertain the numerical ranking of choices for advisors as selected by the respondents. The weight was from a high of four for first choices to a low of 1 for fourth choices.

Table XI

Choices of Advisors

If a person in your church had a serious problem, whom do you feel he should go to for advice?

Choices	Total Weighted Value	Rank
Pastors	1,221	1
Counselor	825	2
Doctor	799	3
Mother	621	4
Friend	432	5
Father	267	6
Church Leader	210	7
Relative	81	8
Fellow Worker	54	9

The salient characteristics of the above data (See page 63), indicate that of the nine (9) persons chosen by the respondents, "Pastor" was chosen as the most reliable persons one should go to for advice. A total weight of 1,221 ranked "pastor" as the number one choice.

Ranking second was "Counselor" with a total weight of 825. "Doctor" ranked third with a weight of 799, and "Mother" ranked fourth with a total weight of 621. The data revealed that all of the persons, named in Table XI, were selected by at least three persons. The data also indicated that the choices made by the respondents reflected the characteristics of persons they felt would be responsible for the development of the whole person. The first four choices do have a commonality of purpose. Each must maintain a degree of confidentiality, honesty, sincerity, and a knowledge of the physical, mental, and spiritual development of man.

Table XII

Choices of Educational Program
Dealing with Alcoholism

If you had the following educational programs dealing with Alcoholism, which one would you attend?

Program	Total Weighted Value	Rank
Group Counselling	1,191	1
Pastoral Counselling	1,161	2
Personal or Individual Counselling	1,110	3
Information Seminar	920	4

Again the respondents were asked to select first, second, third, and fourth choices to the type of educational program, dealing with alcoholism, they would attend.

The responses were weighted and computed to ascertain their ranks. "Group Counselling" with a total weight of 1,191 ranked first, "Pastoral Counselling" with a weight of 1,161 ranked second, and "Personal or Individual Counselling" with a weight of 1,110 ranked third. "Information Seminar" ranked fourth with a total weight of 920.

The data clearly indicated that the respondents preferred attending programs designed to encompass group work. Personal or individual counselling ranked third which specified that the respondents did not want to be personalized in a program, but would prefer group activities. Too, the first and second ranked choices clearly indicated the necessity of having pastors and counselors well trained in the processes of dealing with alcoholics and in counselling families and individuals who are involved with the problem of alcoholism.

III. Future Church Goals for Alcohol Education

What actions should the African Methodist Episcopal Church take or is taking or should take through its Christian Education Program or other forms of intervention to thwart the escalating consumption of alcohol? The data in the previous eleven Tables indicated that presently the A.M.E. Church does not have a Connectional organized program dealing with Alcoholism. Yet a vast majority indicated their desire for such a program. If such a program is to be initiated, what will the goals be? It is acknowledged here, that if the "Church" were to start a program that is concerned wholly with alcohol education, there are many ways such a program could be taught and many different goals that might be stressed. The data in this section are organized around five headings of projected goals. To wit:

1. Physiologic Effects of Alcohol
2. Information about Alcohol
3. Mental Health Education
4. Sociology of Drinking Patterns
5. Religion and Alcoholism

Under each of the above captions is found a list of possible goals (statements). The respondents were asked to read the statement, and indicated the extent of their agreement or disagreement with each of them. They were specifically asked whether they agreed or disagreed with the statements as a goal for a course in Alcohol Education.

The responses in this section were separated according to Clergy and Laymen for the purpose of answering the question:

> "Is there a difference in the opinions of Laymen and Clergy concerning future goals for Alcohol Education?"

To ascertain if a difference existed between the opinions of the Lay and Clergy--the respondents answers to a series of questions had the Likert-type scale applied to them. This was done to convert each response into a numerical score indicating the degree of favorableness. Central tendency of the data was measured by the mean and standard deviation. The responses of the Laymen and Clergy were further investigated to determine the significant difference between them by the Fisher's "t".

The next eighteen Tables consist of statements and goals extracted from a series of statements listed under question twenty-seven of the questionnaire-opinionnaire. The responses of favorability was calculated by assessing a weighed value. The assessed value ranged from 5 to 1 according to the degree of favorability. The total possible weight of each goal for the responses of the Laymen is 1,050 and the Clergy 1,200. The highest possible mean score was "5" for each.

Table XIII

Physiologic Effect of Alcohol

Goal 1: To teach the total effect on the Human System.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.42	.49				
				0.33	.05	2.06	< .01
Clergy	240	4.55	.63				

Physiologic Effects of Alcohol:

One of the possible goals of Alcohol Education listed in Table XII above under Physiologic Effects was, "To teach the total effect of alcohol on the human system." The weighted data revealed that of the 210 Laymen responding to their favorability of inclusion, with a possible range of one to five, the mean score was 4.42 with a standard deviation of .49. This indicated a high degree of favorability by the Laymen to include this concept in an Alcohol Education Program.

The weighted data for the Clergy revealed a mean score of 4.55 and a standard deviation of .63. This too, indicated a high degree of favorability by the Clergy to include this concept.

There was only a slight difference in the means of Clergy and Lay of .13 signifying a slightly higher degree of acceptance by the Clergy. However, the "t" score of 2.60 indicates that there is a significant difference between the opinions of the Lay and that of

the Clergy for acceptability and inclusion. This further indicates that the Clergy felt a stronger need for this goal.

Table XIV

Physiologic Effects of Alcohol

Goal 2: To teach objective facts about Alcohol.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.328	.62				
				.072	.066	1.09	NS
Clergy	240	4.400	.83				

Goal 2, "To teach objective facts about Alcohol." The data in Table XIII (page 68), indicated that the mean score for the Laymen was 4.328 with a standard deviation of .62. This indicated a high degree of favorability to include. The mean score for the Clergy was 4.400 with a standard deviation of .83 which also designated a high degree of favorability to include.

There was a difference between the mean scores of the Clergy and Laymen of .072 in favor of the Clergy, both groups held the favorability to include. However, the "t" of 1.09 which is lower than the "t" of 1.65 at .05 level of confidence and lower than the "t" of 2.57 at the .01 of confidence indicated that there is no significant difference of opinions between the Clergy and the Laymen to include.

Table XV

Physiologic Effects of Alcohol

Goal 3: To provide the objective facts about drinking and how Alcohol affects judgement and sensory coordination.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.414	.64	.123	.05	2.46	< .05
Clergy	240	4.537	.63				

Goal 3. "To provide the objective facts about drinking and how alcohol affects judgement and sensory coordination." The data in Table XV indicated that the mean score of 4.414 and the standard deviation of .64 for the Laymen is indicative of the fact that the Laymen had a high degree of acceptance for the above goal as a part of the Alcohol Education Program. Too, the mean score of 4.537 with a standard deviation of .63 indicated the approval of the Clergy.

The difference between the mean score of the Clergy and Laymen was .123 in favor of the Clergy. The "t" score of 2.46, indicated that there is a significant difference between the opinions of the Lay and Clergy for including Goal 3, as one to be included in the development of the educational program for the Church. Apparently both agreed, but the Clergy appeared to be slightly more adamant in their belief.

Table XVI

Physiologic Effects of Alcohol

Goal 4: To give information of a realistic nature to enable members to practive moderate drinking if they choose.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	3.51	1.32				
				0.14	.11	1.27	NS
Clergy	240	3.37	1.26				

Goal 4. "To give information of a realistic nature to enable members to practice moderate drinking if they choose." The mean score of 3.51 with a standard deviation of 1.32 indicated that the Layperson had a moderate degree of acceptance for goal 4 to be included in the educational program. The mean score of 3.37 with a standard deviation of 1.26 indicated that the Clergy favored the inclusion to a moderate degree also.

The difference between the two means was 0.14 in favor of the Laymen. The "t" score of 1.27 indicated that there was no significant difference between the opinions of the Clergy and the Laymen for inclusion of goal 4 into the educational program.

Physiologic Effect of Alcohol: The responses of opinions for the degree of favorability of the four statements indicated that both Lay and Clergy agreed. However, for goal one (1) there was a significant difference in favor of the Clergy. However, for goal four (4) the degree of favorability was significant in favor of the Laymen.

The four goals were also analyzed as a unit. (See Table 1, Appendix B,) Total percentage response (unweighted data) revealed the following:

Two hundred thirty four (234) or fifty two per cent (52%) strongly agree that "To teach the total effects of alcohol on the human system" and "To provide objective facts about drinking and how alcohol effects judgement and sensory coordination," were goals. The data indicated further that more than fifty per cent (50%) of the respondents overwhelmingly agreed to each of the above statements as goals. Only one hundred fourteen (114) or twenty five per cent (25%) disagreed with the statement, "To give information of a realistic nature to enable members to practice moderate drinking if they choose" as a goal.

Physiologic Effects of Alcohol with twenty-five per cent of the respondents disagreeing with one statement as a goal showed the divergence of opinions in accepting goal 4. The Laymen, however, produced a slightly higher mean and a slightly higher level of acceptance on goal 4. Eighty nine per cent (89%) accepted all the goals in this category to be included in the program.

Table XVII

Information About Alcohol

Goal 5: To develop person and social responsibility for drinking.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.042	1.01				
				.017	.092	0.184	NS
Clergy	240	4.025	1.03				

Information about Alcohol: This section has four statements of possible goals to which the respondents indicated their degree of acceptability for inclusion into a future educational program.

Goal 5: "To develop personal and social responsibility for drinking." Data in Table XVII indicated that the 210 Laypersons had a mean score of 4.042 with a standard deviation of 1.01 toward favorability for inclusion. The Clergy with a mean score of 4.025 with a standard deviation of 1.03 indicated favorability also. The .017 difference in the means of the two groups favoring the opinions of the Laymen seem to imply that the Laymen produced a slightly higher mean and a slightly higher level of acceptance.

The "t" score of 0.18 implies that there is no significant difference between the opinion of the Laymen and Clergy concerning the inclusion of goal 5 into the program.

Table XVIII

Information About Alcohol

Goal 6: To provide members with information about community resources for problem drinkers.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.35	.5				
				.05	.05	1.0	NS
Clergy	240	4.40	.64				

Goal 6: "To provide members with information about community resources for problem drinkers." The mean score of 4.35 with a standard deviation of 0.5 indicated that the Laymen had a high degree of acceptance for this goal. The Clergy with a mean of 4.40 and a standard deviation of .64 had a high degree of acceptance also. The difference between the two means of .05 indicated that the Clergy held a slightly higher degree of acceptance than the Laymen. The "t" of 1.0 indicates no significant difference between the opinions of the Laymen and Clergy concerning the inclusion of this goal.

Table XIX

Information About Alcohol

Goal 7: To recognize the danger and early signs of uncontrollable drinking and of alcoholism.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.52	1.33				
				.06	.09	0.66	NS
Clergy	240	4.58	.59				

Goal 7: "To recognize the danger and early signs of uncontrollable drinking and of alcoholism." The opinions of the Laymen were calculated to obtain a mean score of 4.52 with a standard deviation of 1.33. These imply a relatively high degree of acceptance by the Laymen for inclusion as a goal. The responses of the 240 Clergy with a mean score of 4.58 and a standard deviation of .59 also indicated a relatively high degree of acceptance. The difference between the two means of .06 in favor of the Clergy indicated that they favored a slightly higher degree of acceptance than the Laymen. The "t" score of .66 implied that there was no significant differences between the opinions of the two groups for inclusion of goal 7.

Table XX

Information About Alcohol

Goal 8: To stress the toll of human lives affected by alcohol.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.35	1.0				
				.40	.06	6.6	<.05
Clergy	240	4.75	.42				

Goal 8: "To stress the toll of human lives affected by alcohol." The opinions of the 210 Laymen resulted in a mean score of 4.35 with a standard deviation of 1.0, indicated that they had a somewhat favorable opinion toward acceptance and inclusion of goal 8.

The difference between the two means of .40 in favor of the Clergy indicated that the Clergy seem to place a higher value on lives affected by alcohol and are much more inclined to stress such in an educational program of the Church. The "t" of 6.6 revealed a very significant difference between the opinions of the Laypersons and the Clergy for inclusion. Apparently the "t" of 6.6 is much greater than the "t" of 2.5 at .01 which indicated a very significant difference between the opinion of the Laypersons and Clergy toward the "toll of human lives."

Information About Alcohol. Statement 5, 6, 7, and 8 were also analyzed as a unit. Again, since there were no statistically significant differences among the responses of the Clergy and Layperson concerning the inclusion of these statements as goals and (one statement significantly differences in opinions) unweighted data (percentages) were obtained to look at the group as a unit.

Four statements were classified as information about alcohol (See Table 2, Appendix B). Again, all of the statements were agreed upon by more than eighty per cent (80%) that "To develop personal and social responsibility for drinking" should be a goal. Whereas, fifty seven (57) or twelve and sixty six hundreth per cent disagreed. Four hundred forty four (444) or ninety eight and sixty six hundreth per cent (98.66%) of the respondents agreed that "To provide members with information about community resources for problem drinkers" should be a goal. Only three (3) or sixty six hundreth per cent (.66%) disagreed.

Four hundred forty seven (447) or ninety nine and thirty three hundreth per cent (99.33%) of the respondents agreed that "To recognize the dnager and early signs of uncontrolled drinking and of alcoholism" should be a goal.

Again the two groups as a unit indicated by more than ninety nine per cent (99%) to a low of eighty per cent (80%) to include each of the four statements as a goal. As a unit, they have overwhelmingly opined, that to "recognize dangers and early signs of uncontrolled drinking," "To provide members with information about community resources and to stress the toll of human lives" should be included as goals.

Table XXI

Mental Health Education

Goal 9: To develop a sense of pride in having a strong body and wholesome attitude.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.47	.6				
				.03	.06	0.5	NS
Clergy	240	4.50	.7				

Mental Health Education. This section has four statements of possible goals also, to which the respondents indicated their degree of acceptance for inclusion into a future educational program.

Goal 9: "To develop a sense of pride in having a strong body and a wholesome attitude." The data in Table XXI (page 77) indicated that the responses of the 210 Laymen were calculated and resulted in a mean score of 4.47 with a standard deviation of .6. This implies that the Laymen held a moderately high acceptance for this statement as a possible goal. The responses of the 240 Clergy were calculated and resulted in a mean score of 4.45 with a standard deviation of .7. This implies that the Clergy held a moderately high acceptance of this statement as a possible goal.

The differences between the two means of .03 was in favor of the Laymen. The "t" score of 0.5 indicated that there is no statistically significant difference between the opinions of the Lay and Clergy for inclusion of the above statement as a possible goal.

Table XXII

Mental Health Education

Goal 10: To acquire skills of meeting life's problems effectively rather than trying to cover them up.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.471	.5				
				.095	.052	.18	NS
Clergy	240	4.566	.64				

Goal 10. "To acquire skills of meeting life's problems effectively rather than trying to cover them up." The data in Table XXII (page 74) revealed that the responses of the 210 Laymen were calculated and resulted in a mean score of 4.47 with a standard deviation of .5. This indicates that the Laymen have a high degree of acceptance for statement 10 to be included as a possible goal. The responses of the 240 Clergy were calculated and resulted in a mean score of 4.56 with a standard deviation of .64. This indicates that the Clergy held a very high degree of acceptance of the statement as a goal.

The difference between the two mean scores of .09 in favor of the Clergy indicates that the Clergy held a higher degree of acceptance than the Laymen. The "t" score of 0.18 clearly indicates, however, that there is no statistically significant difference between the opinions held by the Laymen and those by the Clergy at either the .01 or .05 levels of Confidence.

Table XXIII

Mental Health Education

Goal 11: To provide a more realistic perspective on family life and family problems.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.471	.5				
				0.104	.044	2.36	<.01
Clergy	240	4.575	.48				

Goal 11. "To provide a more realistic perspective on family life and family problems." The data in Table XXIII revealed that the responses of the 210 Laymen were calculated and resulted in a mean score of 4.471 with a standard deviation of .5. This indicated a moderately high degree of acceptance of statement 11 as a possible goal. The responses of the 240 Clergy were tabulated and resulted in a mean score of 4.575 with a standard deviation of .48. This indicates a high degree of acceptance for inclusion as a goal.

The difference between the two means of .104 is in favor of the Clergy indicating a higher degree of acceptance for statement 11 to be included. The "t" score of 2.36 indicates that there is a statistically significant difference between the opinions of the Clergy and Laymen. Apparently the Clergy appeared to have more stress placed on family life and family problems than the Laymen did.

Table XXIV

Mental Health Education

Goal 12: To provide the names and locale of public agencies available to help when individuals or families are going through a time of crisis.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.40	.64				
				.07	.062	1.12	NS
Clergy	240	4.47	.7				

Goal 12. "To provide the names and locale of public agencies available to help when individuals or families are going through a time of crisis. The data in Table XXIV revealed that the responses of the 210 Laymen were calculated and resulted in a mean score of 4.40 with a standard deviation of .64. This represents a high degree of acceptance of statement 12 as a goal of alcohol education. The data also revealed that the responses of the 240 Clergy were calculated and resulted in a mean score of 4.47 with a standard deviation of .7. This indicates a moderately high acceptance of statement 12 as a possible goal, by the Clergy.

The difference between the two means was .07 in favor of the Clergy; indicating a higher degree of acceptancy by the Clergy. However, the "t" score of 1.12 indicated that there is no significant difference between the responses of the two groups.

Mental Health Education... Again, there were four statements of possible goals under this heading. Again these responses were tabulated (unweighted) as a unit. The respondents indicated by more than ninety per cent (90%) that they agreed with each of them. Four hundred thirty eight (438) or ninety seven per cent (97%) agreed that "To develop a sense of pride in having a strong body and wholesome attitude" is a possible goal.

Four hundred forty four (444) or ninety eight per cent (98%) of the respondents agreed that "To acquire skills of meeting life's problems effectively rather than trying to cover them up" should be a goal. Four hundred fifty (450) or one hundred per cent (100%) of the respondents agreed that "To provide a more realistic perspective on family life and family problems" should be a goal. (Four hundred forty one (441) or ninety eight per cent (98%) of the respondents agreed that "To provide the names and locale of public agencies available to help when individuals or families are going through a time of crisis" should be a goal. (See Table 3 on Mental Health, Appendix B.)

Again, the unweighted data indicated that the Laymen and Clergy as a unit agreed by a high of one hundred per cent (100%) to a low of ninety seven per cent (97%) that they most overwhelmingly agree to the inclusion of all statements listed under "Mental Health Education" as goals of Alcohol Education Programs for the Church. Mental Health Education as a goal for an alcohol education course produced a very strong tendency of acceptance by the group.

Table XXV

Sociology of Drinking Patterns

Goal 13: To discuss moderation vs. over indulgence.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.05	.9				
				.44	.103	4.26	< .01
Clergy	240	3.61	1.29				

Sociology of Drinking Patterns. This section has three statements of possible goals to which the respondents indicated their degree of favorability for inclusion to a future educational program.

Goal 13. "To discuss moderation versus over indulgence." The data in Table XXV revealed that the responses of the 210 Laymen were calculated and resulted in a mean score of 4.05 with a standard deviation of .9. This indicated that the Laymen had a moderate degree of acceptance for inclusion as a goal. The responses of the 240 Clergy were tabulated and resulted in a mean score of 3.61 with a standard deviation of 1.29. This indicated a low degree of acceptance as a goal.

The difference between the mean of .44 favored the Laymen. This indicated the Laymen had a higher degree of acceptance for statement 13 as a possible goal. The "t" score of 4.26 indicated that there is a high statistically significant difference between the opinions of the Laymen and the Clergy for this goal.

The "t" of 4.26 is both significant at the .01 and at the .05 levels of Confidence. This is indicative of the extremely high favorability of the Laymen for the inclusion of stressing "moderation versus over indulgence" as a goal of Sociology of Drinking Patterns.

Table XXVI

Sociology of Drinking Patterns

Goal 14: To reach the socially functional uses of alcohol as well as the problem ones.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.285	.75				
				.335	.075	4.46	< .01
Clergy	240	3.950	.92				

Goal 14. "To teach the socially functional uses of alcohol as well as the problem ones." The data in Table XXVI revealed that the responses of the 210 Laymen were calculated and resulted in a mean score of 4.28 with a standard deviation of .75 indicated a moderate degree of acceptance. The responses of 240 Clergy were tabulated and resulted in a mean score of 3.95 with a standard deviation of .92. This indicated a low degree of acceptance by the Clergy.

The difference between the two means of .335 favored the Laymen with a higher degree of acceptance. The "t" score of 4.46 indicates that there is a significant difference between the opinions of the Laymen and Clergy. Although both groups accepted the inclusion--

at a low to moderately high degree--the degree of acceptance by the Laymen indicated a desire to stress socially functional uses of alcohol.

Table XXVII

Sociology of Drinking Patterns

Goal 15: To present abstinence as an attainable goal.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	3.757	1.3				
				0.13	0.101	1.28	NS
Clergy	240	3.887	1.11				

Goal 15. "To present abstinence as an attainable goal." The data in Table XXVII revealed that the responses of the 210 Laymen were calculated and resulted in a mean score of 3.757 with a standard deviation of 1.3. This indicated a low degree of acceptability for inclusion as a goal for alcohol education. The data revealed further, that the responses of the 240 Clergy were calculated and resulted in a mean score of 3.887. This too, indicated a low degree of acceptance.

The difference between the means of the two groups was .23 in favor of the Clergy. Although both means indicated low acceptance the mean score for the Clergy was slightly higher. The "t" score of 1.28 indicated that there was no statistically significant difference between the opinions of the Laymen and Clergy.

Sociology of Drinking Patterns: There were three statements listed as possible goals. Again, the respondents of Laymen and Clergy were tabulated (unweighted) to ascertain percentage responses of agreement. Each statement was agreed upon by seventy per cent (70%) and above. Three hundred fifty four (354) or seventy eight per cent (78%) agreed that "To discuss moderation versus over indulgence" should be a goal. However, sixty three (63) or fourteen per cent (14%) disagreed. Three hundred eighty one (381) or eighty four per cent (84%) agreed that, "To teach the socially functional uses of alcohol as well as the problem ones," should be a goal. Sixty nine (69) of fifteen per cent (15%) disagreed. Three hundred fifty seven (357) or seventy nine per cent (79%) of the respondents agreed that "To present abstinence as an attainable goal," should be a goal. Fifty seven (57) or twelve per cent (12%) disagreed. (See Table 4--Sociology of Drinking Patterns in Appendix B.)

Although each statement was agreed upon by a little more than fifty per cent of the respondents, these were the lowest degree of acceptances thus far--indicating that though the groups accepts the three statements as goals, apparently, they do not feel that they are as important as some of the others.

Table XXVIII

Religion and Alcoholism

Goal 16. To increase one's faith and belief in a Supreme Being.							
	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.557	.48				
				.07	.065	1.07	NS
Clergy	240	4.487	.87				

Religion and Alcoholism. This section consist of three statements of possible goals. To which the respondents indicated their degree of acceptances as goals of alcohol education.

Goal 16. "To increase one's faith and belief in a Supreme Being." The data in Table XXVIII revealed that the responses of the 210 Laymen were calculated and resulted in a mean score of 4.557 with a standard deviation of .48. This indicated a high degree of acceptance as a goal. The data also revealed that the responses of the 240 Clergy were calculated and resulted in a mean score of 4.48 with a standard deviation of .87. This indicated a high degree of acceptance.

The difference between the two means was .07 in favor of the Laymen indicating that the Laymen had a slightly higher degree of acceptance. The "t" score of 1.07 indicated, however, that there was no significant differences between the degree of acceptability of the Laymen and Clergy.

Table XXIX

Religion and Alcoholism

Goal 17: To be able to rely on religious counsel or teaching when having a problem.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.426	.64				
				.074	.057	1.29	NS
Clergy	240	4.500	.65				

Goal 17. "To be able to rely on religious counsel or teaching when having a problem." The data in Table XXIX revealed that the responses of the 210 Laymen were calculated and resulted in a mean score of 4.426 with a standard deviation of .64. This indicates a high degree of acceptance for the statement to be included as a goal. The data revealed further, that the responses of the 240 Clergy were calculated and resulted in a mean score of 4.5 with a standard deviation of .65. This indicates a moderately high degree of acceptance to include the statement as a goal.

The difference between the two means was .074 in favor of the Clergy. This implies that the Clergy were a little more concerned with religious counsel than the Laymen. The "t" score of 1.29 indicated, however, that there was no statistically significant difference between the responses of the Laymen and Clergy on statement 17 as a possible goal.

Table XXX

Religion and Alcoholism

Goal 18: To be able to turn to prayer when facing a personal problem.

	N	Mean	SD	Mean Diff.	SEMD	t	p
Laymen	210	4.528	.5				
				.047	.043	1.09	NS
Clergy	240	4.575	.51				

Goal 18. "To be able to turn to prayer when facing a personal problem." The data in Table XXX indicated that the responses of 210 Laymen were calculated and resulted in a mean score of 4.528 with a standard deviation of .5. This indicated a high degree of acceptance of statement 18 as a possible goal of Alcohol Education. The data revealed further, that the responses of 240 Clergy were calculated resulting in a mean score of 4.575 with a standard deviation of .51. This too, indicated a high degree of acceptance.

The difference between the two means was .047 in favor of the Clergy. This indicated that the Clergy was slightly more concerned with the power of prayer than the Laymen. The "t" score of .14 signifies, however, that there was no significant difference between the responses of the Laymen and Clergy concerning the inclusion of statement 18 as a possible goal for an Alcohol Education Program.

Religion and Alcoholism: Again the responses were calculated (unweighted) as a unit to obtain the percentage responses of degrees of favorability of the group toward acceptance of statements as possible goals for an Alcohol Education Program. There were three statements characterized as possible goals under Religiosity. Of the four hundred fifty (450) respondents, only three or sixty six hundreth per cent (0.66%) of the respondents disagreed with each statement being a possible goal. However, four hundred thirty eight (438) or ninety seven per cent (97%) agreed that "To increase one's faith or belief in a Supreme Being," and "To be able to rely on religious counsel or teaching when having a problem," should be possible goals. Too, four hundred forty seven (447) or ninety nine per cent (99%) agreed that "To be able to turn to prayer when facing a personal problem," should also be a goal. (See Table 5--Religion and Alcoholism, Appendix B.)

Thus, as a unit, again the respondents highly agreed that the statements under Religion and Alcoholism should be included as future goals of Alcohol Education.

In Summation: Opinions toward selected goals for a course in Alcohol Education, to be sponsored by the Church, are analyzed here to determine the respondents views as to what should or should not be included and what should or should not be stressed. There were eighteen statements listed as possible goals. These statements for analysis purposes, were then classified under five main goals headings: Physiologic Effects of Alcohol, Information About Alcohol, Mental Health Education, Sociology of Drinking Patterns, and Religion and Alcoholism. Opinions toward each goal were studied by measuring the percentage of the favorability of the respondents. The respondents were in accord in their high acceptance, for more than seventy five per cent (75%) of all of the goals for the program.

1. Favorability toward Physiologic Effects of Alcohol as a goal of the educational program was selected by an average of eighty nine per cent (89%) of the respondents.

2. Information about Alcohol, as a goal of Alcohol Education was favorable by an average of ninety two per cent (92%) of the respondents.

3. Mental Health Education as a goal of Alcohol Education had an average of ninety eight and twenty five hundreth per cent (98.25%) favorability.

4. Sociology of Drinking Patterns, as a goal of Alcohol Education was agreed upon by an average of eighty per cent (80%) of the respondents.

5. Religion and Alcoholism as a goal of Alcohol Education was agreed upon by an average of ninety seven per cent (97%) of the respondents.

Too, there were significant differences in the degrees of acceptability of specific goal statements by Laymen and Clergy. According to the "t" scores, the following specific goals were accepted to a higher degree by the Clergy:

Goal 1: To teach the total effect of Alcohol on the human system.

Goal 3: To provide objective facts about drinking and how alcohol affects judgement and sensory coordination.

Goal 8: To stress the toll of human lives affected by alcohol.

Goal 11: To provide a more realistic perspective on family life and family problems.

These goals were accepted by a significantly higher degree by Laymen:

Goal 13: To discuss moderation versus over indulgence.

Goal 14: To teach the socially functional uses of alcohol as well as the problem ones.

Chapter V

SUMMARY, FINDINGS, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Recapitulation of Research Design Findings, Conclusions, Implications and Recommendations

Alcoholism is a disease in which drinking alcohol or alcoholic beverages becomes a habit that injures an individual's mind and body. Once he has begun, the alcoholic can not stop drinking until he is completely intoxicated. Alcohol acts as a narcotic, or depressant of the nervous system and brain. Continued overuse of alcohol affects many organs in the body and causes nervous and mental disorders (delirium tremens, acute alcoholic hallucinations, Karsakoff's psychosis, and alcoholic wet brain) may result. These conditions are all characterized by some form of hallucinations, delirium, coma, or stupor. Alcoholic neuritis may develop when alcohol is used as a substitute for food. Since this is primarily caused by vitamin deficiency, the eating of large amounts of vitamin B is often prescribed. In most cases, the alcoholic is a person who seems unable to face life in a mature way.

Alcoholism represents a serious and growing problem which demands the intervention of doctors, as well as parents. According

to Stephanie Brown, Associate Director of the Alcohol Clinic at Stanford University Medical Center, between 30 and 50 per cent of teenagers are confirmed moderate drinkers by the time they reach adulthood.

Among adolescents, the onset of alcoholism is extremely rapid. Some young people have become alcoholics within six months of taking their first drink. If untreated, Brown said, the teenage alcoholic is bound to continue into adulthood.

There are many theories regarding the causes of use and misuse of alcoholic beverage. Although tentative interactive models have been developed, the precise role of the various genetic, physiological, psychological, and sociological factors in the etiology of use and abuse is not known. The literature is replete with studies of drinking practices using demographic, socioeconomic, and ethnic factors as explanatory variables. Globetti, Nuttall and Nuttall, Bacon and Jones, Maddox and McCall, and Eisenthal and Adin, all in their studies primarily explained teenage drinking within this frame of reference. Some of the variables that have been cited as explanations of drinking include subgroup or subcultural membership, low expectations of academic achievement, school failure, social mobility expectation, self concept difficulties, and peer group pressures or influences. Currently, however, there is rather incomplete and often conflicting information on many facets of adolescent alcohol consumption ranging from an understanding of the meaning of alcohol

use for the adolescent to those factors that might contribute to alcohol abuse in adulthood.

Our society today contains many attitudes toward drinking, many reasons why people do or do not drink and many factors related to the decision to drink or abstain. It is believed, however, that the decision regarding personal alcohol use is considered and formulated during the late adolescent years. This decision is affected by the agencies responsible for educating the members of society on the nature and effects of the use of alcoholic beverages. The family, the school, and the church are the agencies charged with this responsibility.

This study, however, was based on the theoretical postulate that one learns the values and norms regarding drinking customs from some significant figure within his social environment. Therefore, the theoretic construct adopted as the basis of this study is the Social Nature Theory.

Statement of the Problem

The problem involved in this study was to ascertain what program existed in the African Methodist Episcopal Church dealing with alcohol and problems of alcohol with implications for Church programming. Too, this study determined the attitudes of Church-Lay Persons and Clergy toward consumption of alcohol and problems associated with alcoholism.

In order to facilitate the carring out of this study, a population of African Methodist Episcopal Church members and Clergy were used. Members were selected from among those delegates in attendance at a Connectional Church Conference.

General Method

The general research approach used in resolving the problem of this study was that of a descriptive survey study. This approach was selected because it enables collection and analysis of relevant data.

Too, this method employs a commonplace instrument, the questionnaire-opinionnarie.

The data were obtained by a self-administered, six page questionnaire-opinionnaire. The questionnaire-opinionnaire was administered to Clergy men (Persons) and Lay Persons attending a selected conference during the month of January 1984. To maximize cooperation, the questionnaire-opinionnaire was designed to be completed in thirty minutes or less. Respondents names did not appear on the questionnaire-opinionnarie to insure complete anonymity.

Types of Data Obtained

The type of data in this study were collected through the survey instrument found in Appendix A. For administrative and other reasons, the questionnaire-opinionnaire was not segmented into

sections precisely as indicated. Thus items from a particular data type were interspersed throughout the instrument..

a. Demographic: This section included the following types of data; age and religious classification--(Clergy or Lay).

b. Consequences of drinking: This section included the respondent's answers and opinions which will cover a variety of possible personal and social outcomes associated with drinking.

c. Attitude toward Church Programming: This section will include the respondents answers and opinions concerning their attitudes about involvement with Church Programs dealing with alcoholism.

Selected Population and Sample Design

This study used members and Clergy Persons from the African Methodist Episcopal Church. The African Methodist Episcopal Church is composed of members and Clergy Persons residing in thirteen Episcopal Districts including the District of Columbia, the Island of Bermuda, The Continent of Africa, the Bahamas Islands, Canada, and forty eight states in the Continental United States. Each Episcopal District is Superintended by a Bishop.

From the above population, each district was represented by Lay and Clergy delegates to all Connectional Conferences and/or Convocations. This study used only members and Clergy Persons who were delegates to the Convocation held during January 1984. They were representative of the entire church.

Findings

The analysis and interpretation of the data in this study reveal the following findings. They are listed under three captions that follow:

I. Demographic:

1. There were four hundred fifty (450) valid respondents.

2. Two hundred forty (240) or fifty three and three tenths per cent (53.3%) were Clergy Persons; and two hundred ten (210) or forty six and seven tenths per cent (46.7%) were Lay Persons.

3. Respondents ranged in ages from eighteen (18) to sixty two and above (62-Up).

4. Two hundred ninety seven (297) or sixty six per cent (66%) were male.

5. One hundred fifty three (153) or thirty four per cent (34%) were female.

6. Twenty seven (27) or seventeen and sixty four hundreth per cent (17.64%) of the female respondents were Clergy Persons.

7. One hundred twenty six (126) or eighty two and thirty five hundreth per cent (82.35%) of the female respondents were Lay Persons.

8. Two hundred thirteen (213) or seventy one and seventy two hundreth per cent (71.72%) of the male respondents were Clergy Persons.

9. Eighty four (84) or twenty eight and twenty eight hundreth per cent of the male respondents were Lay persons.

II. Drinking and Consequences of Drinking: Social Drinking.

The respondents expressed unfavorable opinions toward social drinking that results in a person becoming "tight." They felt that:

1. A person should not get "tight" not even in his own home.

2. A person who gets "tight" is asking for trouble.

3. A person who gets "tight" at a party may have a harmful experience.

4. A person should never get "tight", then it will never become habitual.

5. Anyone who experiments with alcohol and drugs risks the consequences of those experiments.

III. Effects of Alcohol:

1. Fifty four per cent (54%) of the respondents indicated "Moderate use of alcohol is not harmful to a person's physical health."

2. Sixty per cent (60%) felt that "All adults whose jobs and responsibilities are with young people should be abstainers."

3. Fifty three per cent (53%) felt that "if" adults stopped using alcohol, adolescents would no longer view it as desirable.

4. Fifty five per cent (55%) felt that total abstinence is not the only way to life.

5. Ninety four per cent (94%) indicated that "excessive drinking can cause misery in the long run."

IV. Position on Church Intervention:

More than eighty per cent (80%) of the respondents expressed favorable opinions toward church intervention. They agreed that:

1. An effective Alcohol Education Program in the Church would help overcome problems of drinking.

2. Religious training will help prevent problems resulting from alcohol.

3. The churches are the place to teach adolescents the proper attitude about drinking.

4. Problems relating to alcohol are not apparent because a person lacks training in moral values.

V. Responses Related to Patterns of Drinking:

There were statements characterized as "indicators of non-problem drinkers" and there were statements characterized as being indicative of problem drinking.

The statements indicating non-problem drinking situations were: "At parties or social gatherings," "At home on special occasions," "At home or friends home on holiday," or "At dinner at home with the family." Each of these situations received a positive attitudinal percentile by the respondents.

"Drinking at breakfast," "during lunch," "alone", "to relieve stress or tension" or "when depressed or frustrated" are all situations without social constraints and each is recognized as an indicator of problem drinking. More than fifty per cent (50%) of the respondents indicated a disagreement toward drinking in those situations.

VI. Programs in the Church:

Programs in the Church and Directions for Programming. The most salient facts indicated by the respondents concerning programs about alcoholism were:

1. Less than twenty per cent (20%) of the churches in the A.M.E. Connection have discussions, films, or programs to teach its members about alcohol.

2. Eight per cent (8%) have a program curriculum dealing with alcohol.

3. Ninety nine per cent (99%) would approve of the Church initiating a program to combat alcoholism.

4. Eighty eight per cent (88%) of the respondents indicated that they would like their church to change its position concerning alcohol by becoming more conservative (strict).

VII. Choices of Advisors, or Persons to whom one would go to for advice: According to rank and total weight. Respondents ranked the following thusly:

Pastors, Counselors, Doctors, Mothers, as the four persons of choice. Friend, Father, Church Leader, Relative and Fellow worker followed.

VIII. Programs dealing with Alcohol one would attend according to rank and total weight. The opinions of the respondents were: Group Counselling, Pastoral Counselling, Personal or Individual Counselling and Information Seminar in that order.

IX. Future Church Goals for Alcohol Education:

If the Church were to start a program concerned wholly with Alcohol Education, and you were selected to build a curriculum or publish a pamphlet or booklet to be used, select what you feel the goals for such a course in Alcohol Education should be.
The findings were;

1. Favorability toward "Physiologic Effects of Alcohol" as a goal of the educational program was selected by an average of eighty nine per cent (89%) of the respondents.

2. "Information about Alcohol" as a goal of Alcohol Education was favorable by an average of ninety two per cent (92%) of the respondents.

3. "Mental Health Education" as a goal of Alcohol Education had an average of ninety eight and twenty five hundreth per cent (98.25%) favorability.

4. "Sociology of Drinking Patterns" as a goal of Alcohol Education was agreed upon by an average of eighty per cent (80%) of the respondents.

5. "Religion and Alcoholism" as a goal of Alcohol Education, was agreed upon by an average of ninety seven per cent (97%) of the respondents.

More specifically, the Clergy favored these goals to a significantly higher degree.

Goal 1: To teach the total effect of Alcohol on the human system.

Goal 3: To provide the objective facts about drinking and how alcohol affects judgement and sensory coordination.

Goal 8: To stress the toll of human lives affected by alcohol.

Goal 11: To provide a more realistic perspective on family life and family problems.

And the Laymen favored these goals to a significantly higher degree.

Goal 13: To discuss moderation versus over indulgence.

Goal 14: To teach the socially functional uses of alcohol as well as the problem ones.

An analysis of the findings of this study warranted the formulation of the following conclusions:

1. There is not an organized program in the African Methodist Episcopal Church dealing with alcohol and alcohol problems.

2. Members of the A.M.E. Church, Clergy, and Lay Persons, generally favor the initiation of a program dealing with alcohol.

3. Pastors, Counselors, Doctors, and Mothers, in the order named, are the more likely choices of advisors for persons experiencing problems from alcoholism.

4. Programs dealing with alcoholism should be structured around group participation, information and Pastoral Counselling.

5. The church should take a more conservative stance toward consumption of alcohol by its members.

6. The selected goals of Alcohol Education (in the order of favorableness) were:

   a. Mental Health Education
   b. Religion and Alcoholism
   c. Information about Alcohol
   d. Physiologic Effects of Alcohol
   e. Sociology of Drinking Patterns

7. Ministers were more concerned about the effects of alcohol on the human system and the extent to which it affects the structure of the family.

8. Laymen were more concerned about the social aspects of alcohol--its use and abuse.

Implications

1. A dearth of attention is being given, by the A.M.E. Church, to the social issue of Alcohol and problems associated with alcoholism.

2. The A.M.E. Church does not enforce its law concerning alcoholism and membership in the Church.

3. Members of the A.M.E. Church can distinguish between "positive functions" and "negative functions" of alcohol consumption.

4. Members of the A.M.E. Church feel that the Church is not enforcing its laws concerning "Consumption of Alcohol and Alcoholic beverages."

5. To the extent of what is true of the A.M.E. Church, is true for other churches. These same implications should be considered as holdings for other churches as well.

Recommendations

The findings, conclusions, and implications gave justification to the following recommendations:

1. That serious consideration be given to the training of "Pastors", "Counselors", "Doctors", and "Mothers", in Alcohol Education and problems of alcohol.

2. That the Church(s) through their Christian Education Departments, Lay Organizations, or other appropriate Committees, develop a program dealing with Alcohol Education.

3. That a study be made of the curricula of various seminaries to ascertain how many required courses in Alcohol Education is in the training of ministers.

4. That the goals of Alcohol Education as favored by the respondents become the nucleus for the development of a Curriculum for Alcohol Education.

5. That a future study be made of the Intensities and Patterns of Alcohol Usage among A.M.E.'s.

6. That all institutions involved in the educational training of ministers, doctors, and counselors include courses dealing with "Alcohol", "the effects of alcohol," or alcoholism as a disease in thier curriculum.

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APPENDICES

APPENDIX A

THE QUESTIONNAIRE-OPINIONNAIRE

QUESTIONNAIRE-OPINIONNAIRE

A. Please indicate your age group.

1. _____18-30
2. _____31-45
3. _____46-55
4. _____56-65
5. _____66-Older

B. Please check your Church Classification, (and whether you are male or female).

1. _____Clergy (Male____or Female____)
2. _____Layperson (Male____or Female____)

Note: To avoid confusion, the term "drinking", "high", "tight", "drunk", "plowed", and "stoned", are described as follows:

1. Drinking---simply the act of taking in an alcoholic beverage (a glass of beer or wine, a cocktail, a highball), for other than religious purposes. The term "drinking" does not mean excessive drinking or drunkenness, unless this is so stated.

2. High---a noticeable effect without going beyond socially acceptable behavior, e.g., increased gaity, or slight fuzziness about what is going on, or drowsiness, etc...

3. Tight---some loss in inhibitions, or slurred or mixed up speech, or some slight unsteadiness in ordinary physical activities, or slight nausea.

4. Drunk, Plowed, and/or Stoned---marked loss of control over ordinary physical activities (e.g., staggering), or confused speech, or not knowing what's going on, or nausea, or passing out.

Following are various statements about alcohol and alcohol consumption. For each statement, mark the responses which describes how you feel about it.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. It is alright for a person to get "tight" or "drunk" as long as he is in his own home.					
2. Moderate use of alcohol is not harmful to a person's physical health.					
3. All adults whose jobs and responsibilities are with young people should be abstainers.					
4. Religious training will help prevent problems resulting from alcohol.					
5. The churches are the place to teach adolescents the proper attitudes about drinking.					
6. If adults stopped using alcohol, adolescents would no longer view it as desirable.					
7. It is permissable to drink in each of the following settings:					
a. at parties or social gatherings.					
b. at home on special occasions.					
c. at home or friend's home on holidays.					
d. at dinner at home with the family					
e. At a night club, disco, or restaurant.					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
f. at breakfast.					
g. during lunch.					
h. alone when no one else is around.					
i. to relieve stress or tension.					
j. at fraternity or sorority functions.					
k. when depressed or frustrated.					
8. Problems relating to alcohol are apparent only when a person lacks adequate training in moral values.					
9. The right to experiment with alcohol and related drugs involves the consequences of those experiments.					
10. A person who gets "tight" or drunk is just asking for trouble.					
11. Getting "tight" at a party is just harmless fun.					
12. It is alright to get "tight" once in a while as long as it does not become a habit					
13. Total abstinence is the only way to life.					
14. An effective Alcohol Education Program in the Church would help overcome problems of drinking.					
15. Excessive drinking can cause only misery in the long run.					

The following questions have many suggested answers, please select the one or ones you feel is/are most appropriate.

16. If a person in your church had a serious drinking problem, whom do you feel he would go to for advice? (Please indicate 1st, 2nd, 3rd, and 4th Choices.)

___1. Pastor ___4. Friend ___7. Fellow Worker

___2. Mother ___5. Church Leader ___8. Counselor

___3. Father ___6. Relative ___9. Doctor

17. Does your church have films, discussion groups, or other programs to teach its members about alcohol and drinking?

___1. Yes ___2. No

18. Would you approve of your church initiating a program to combat alcoholism?

___1. Yes ___2. No

19. If your church had the following programs dealing with alcoholism, which one would you attend or recommend someone to attend. (Please indicate 1st, 2nd, 3rd, and 4th choices.)

___1. Group Counselling ___3. Personal or Individual Counselling

___2. Pastoral Counselling ___4. Information Seminar

20. According to your church's teaching, abstience is

___1. Suggested ___3. Required

___2. Requested ___4. Optional

21. It is officially possible to use alcohol and remain a member in good standing in your church.

___1. Yes ___2. No

22. It is actually or in reality possible to use alcohol and remain a member in good standing in your church.

___1. Yes ___2. No

23. Do you think that your church should change its position concerning alcohol?

___1. Yes ___2. No

24. If your answer is "Yes" to answer 23, in what direction should your church change its position?

___1. More liberal (lenient)

___2. More conservative (strict)

25. Do you believe, or have you ever believed, that God would be displeased with you if you drink?

___1. Yes ___2. No

26. Does your church have a Program Curriculum dealing with alcohol and drugs?

___1. Yes ___2. No

27. If you were asked to build a curriculum and to publish a pamphlet or booklet to be used, select what you feel should be the goals for such a course in Alcohol (Drug) Education. Check whether or not you agree or disagree with each statement listed as a possible goal.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
a. To develop a sense of pride in having a strong body and wholesome attitude.					
b. To develop personal and social responsibility for drinking.					
c. To teach the total effects of alcohol on the human system.					
d. To teach objective facts about alcohol.					
e. To recognize the danger and early signs of uncontrolled drinking and of alcoholism.					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
f. To provide the objective facts about drinking and how alcohol affects judgement and sensory coordination.					
g. To present abstinence as an attainable goal.					
h. To discuss moderation vs. over indulgence					
i. To give information of a realistic nature to enable members to practice moderate drinking if they choose.					
j. To provide members with information about community resources for problem drinkers.					
k. To acquire skills of meeting life's problem effectively rather than trying to cover them up.					
l. To provide a more realistic perspective on family life family problems.					
m. To provide the names and locale of public agencies available to help when individuals or families are going through a time of crisis.					
n. To increase one's faith or belief in a Supreme Being.					
o. To be able to rely on religious counsel or teaching when having a problem.					

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
p. To be able to turn to prayer when facing a personal problem.					
q. To teach the socially functional uses of alcohol as well as the problem ones.					
r. To stress the toll of human lives affected by alcohol.					

APPENDIX B

THE TABLES (UNWEIGHTED DATA)

Table 1

Physiologic Effects of Alcohol

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. To teach the total effects of alcohol on the human system.	(N)	234	213			3
	(%)	52.0	47.33			0.66
2. To teach objective facts about alcohol.	(N)	201	237			12
	(%)	44.66	52.66			2.66
3. To provide the objective facts about drinking and how alcohol effects judgement and sensory coordination.	(N)	234	210			6
	(%)	52.0	46.66			1.33
4. To give information of a realistic nature to enable members to practice moderate drinking if they choose.	(N)	90	195	39	75	51
	(%)	20.0	43.33	8.66	16.66	11.33

Table 2

Information About Alcohol

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. To develop personal and social responsibility for drinking.	(N)	153	216	24	33	18
	(%)	35.3	48.0	5.33	7.33	4.0
2. To provide members with information about community resources for problem drinkers.	(N)	183	261	3		3
	(%)	40.66	58.0	0.66		0.66
3. To recognize the danger and early signs of uncontrollable drinking and of alcoholism.	(N)	261	186			3
	(%)	58.0	41.33			0.66
4. To stress the toll of human lives affected by alcohol.	(N)	300	147			3
	(%)	66.66	32.66			0.66

Table 3

Mental Health Education

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. To develop a sense of pride in having a strong body and wholesome attitude.	(N)	246	192	3	3	6
	(%)	54.66	42.66	0.66	0.66	1.33
2. To acquire skills of meeting life's problems effectively rather than trying to cover them up.	(N)	246	198	3		3
	(%)	54.66	44.0	0.66		0.66
3. To provide a more realistic perspective on family life and family problems.	(N)	237	213			
	(%)	52.66	47.34			
4. To provide the names and locale of public agencies available to help when individuals or families are going through a time of crisis	(N)	222	219		3	6
	(%)	49.33	48.66		0.66	1.33

Table 4

Sociology of Drinking Patterns

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. To discuss moderation vs. over indulgence.	(N)	129	225	15	48	33
	(%)	28.66	50.0	3.33	10.66	7.33
2. To teach the socially functional uses of alcohol as well as the problem ones.	(N)	156	225	30	39	
	(%)	34.66	50.0	6.66	8.66	
3. To present abstinence as an attainable goal.	(N)	141	216	3	54	36
	(%)	31.33	48.0	0.66	12.0	8.0

Table 5

Religion and Alcoholism

		Strongly Agree	Agree	Strongly Disagree	Disagree	Undecided
1. To increase one's faith and belief in a Supreme Being.	(N)	267	171		3	9
	(%)	59.33	38.0		0.66	2.0
2. To be able to rely on religious counsel or teaching when having a problem.	(N)	234	204	3	9	
	(%)	52.0	45.33	0.66	2.0	
3. To be able to turn to prayer when facing a person problem.	(N)	252	195	3		
	(%)	56.0	43.33	0.66		